VOL. IX No. 2

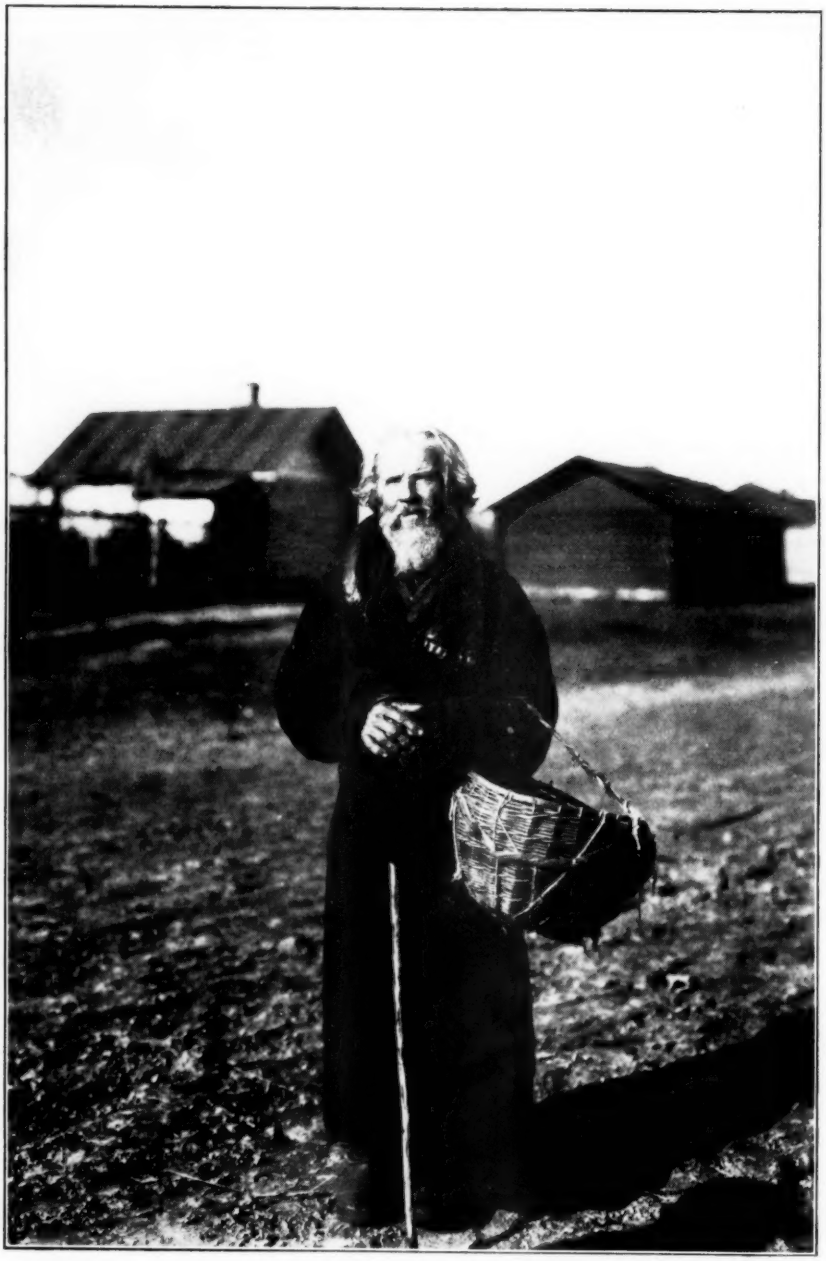
THE Public Health Nurse Quarterly

APRIL, 1917

CONTENTS

PUBLISHED BY
THE NATIONAL ORGANIZATION
FOR
PUBLIC HEALTH NURSING
AT
2419-21 Greenmount Avenue, Baltimore, Md.

Entered as second class matter at the Baltimore Post Office under Act of March 3rd, 1879.



A RUSSIAN PEASANT

The Public Health Nurse Quarterly

VOL. IX APRIL, 1917 No. 2

EDITORIALS

A NEW SERIES OF ARTICLES

The first of the series of articles on the historical backgrounds of our immigrant people appears in this number of the QUARTERLY. It gives a vivid picture of the Russian in his home surroundings and shows some of his national traits and peculiar characteristics. It shows how the Russian peasant is always the Russian peasant—how, even when removed to a manufacturing town and working in a modern factory, he still remains true to his native village and, at the first opportunity, returns to the village life to which he was born.

This article is supplemented by a short sketch of "Goremyka," the peasant type; and is still further illuminated by the story of "Mahmud," which, though the story of a Tartar, is nevertheless illustrative of a phase of Russian life and conditions.

We have not a large number of true Russians in America, the majority of immigrants coming from that country being Russian Jews, a people apart. Neverthe'ess, the number is steadily increasing and we feel that these glimpses of him in his home condition may help us better

to understand Goremyka when we meet him in the district. When he seems apathetic and unresponsive to the suggestions we may make, we will remember the conditions of oppression and ignorance which lie behind him; when he seems foolishly superstitious and credulous, we will remember that the authorities over him have encouraged this superstition; and when we become exasperated by the crowded conditions under which he seems content to live, we will remind ourselves that, in the home land, he was used to living "eight in a room."

If these short glimpses of the Russian as he is before he emigrates to the New World make us more sympathetic to his quiet submission to the ills which surround him, and give us a clearer understanding of his child-like soul, we shall feel that we have taken a step in the right direction.

THE RELATIONSHIP BETWEEN THE QUARTERLY AND THE NATIONAL ORGANIZATION

THE PUBLIC HEALTH NURSE QUARTERLY is not only the official organ of the National Organization for Public Health Nursing, but it is also the familiar and intimate means of communication between its widely scattered members. From one coast to the other, into cities, towns, villages and rural districts the QUARTERLY makes its way, carrying with it a living message of encouragement, counsel and instruction and seeking to unite in closer bonds nurses of widely varying opportunity and obligation. An interchange of experience stimulates the imagination and quickens the understanding. Only so much of this world is ours as we have the capacity to be aware of. It is largely we ourselves who decide whether we as individuals live in a little world or in a larger one. We must imagine places, people and ways of doing and being which are not within the reach of our physical senses.

The QUARTERLY wants to be the bearer of your messages one to another; it wants to give expression to your thoughts and your opinions about this great work of public health nursing which has grown to be of such inestimable benefit to modern society. Those who publish the QUARTERLY and those who advise them must constantly and more and more cultivate their imagination also, so that the QUARTERLY may indeed become what it aims to be—a help and a comfort to every subscriber.

THE PUBLIC HEALTH NURSE AND THE SOCIAL WORKER

By MARY S. GARDNER

All over the country social workers and public health nurses are to be found working shoulder to shoulder for the general welfare of their communities. For the most part, these two groups of workers follow their respective professions without friction, the professional equipment of each supplementing that of the other. Occasionally, however, we hear of a loss of this greatly to be desired harmony. Though this loss is only evident among a relatively small minority of social workers and nurses, the very fact that a lack of mutual understanding can exist between any individuals belonging to two such closely allied professions is worthy of thoughtful consideration. Does misunderstanding when it exists arise merely from an individual misconception of the true functions of the two groups of workers, or does it exist because there is in reality an undesirable and preventable vagueness of boundary line between the legitimate spheres of action of the social worker and the public health nurse?

Both the trained social worker and the public health nurse are very modern developments of earlier types. The immediate precursor of the trained social worker was a woman who dispensed relief on application; the immediate precursor of the trained public health nurse was a nurse who cared for the sick poor in their homes, theoretically concerning herself but little with anything beside their physical condition. If the charity visitor found illness, she called on the nurse to provide nursing care; if the nurse found poverty, she applied to the charity visitor for aid, which in most instances took the tangible form of money, fuel, clothes or food.

As the social worker learned to delve beneath the outward symptoms of social distress to find causes for its existence, so the nurse learned to delve beneath the symptoms of physical distress for the same purpose. In many instances the cause found was the same and both seekers met on a common ground.

These early experiments represented individual effort. Later certain well-defined standards developed for both sets of workers and methods of procedure for social workers and public health nurses became standardized. Training took the place of hardly won experience and the present day trained social worker and the present day trained public health nurse emerged, the former possessing a considerable

knowledge of health problems, the latter a considerable knowledge of social problems.

It is noteworthy that friction rarely arises between a nurse and social worker equally possessed of training, sympathy and general ability. A working plan of mutual helpfulness is quickly evolved, and both eagerly avail themselves of the special equipment of the other in the fight against poverty, disease and distress.

A different situation, however, arises when training, sympathy and ability are unevenly distributed. A strong and able social worker eager to forward her well-considered plans for the good of her community not unnaturally finds it hard to work in double harness with a nurse of limited vision. The nurse, on the other hand, of careful training and long experience finds it difficult to leave the social welfare of her patients in the hands of a young social worker whose youth precludes maturity of judgment and whose practical inexperience renders her theoretical training a somewhat negligible quantity in the new field. The temptation to free-lance work in both instances is great and it is small wonder that in more than one instance coöperation is thrown to the winds, and each worker honestly believes that she is best furthering the ends of progress or humanity by ignoring the other. This wrong point of view is hard to combat, for in single instances or single localities team work may seem well-nigh impossible.

Let us for a moment consider some of the causes of discord which most frequently arise.

The social worker's case against the nurse usually comprises some of the following indictments: that the nurse does not understand social work, that she underrates the social worker's training, that she looks upon her as a relief giver and sometimes a niggardly one, that she calls upon her expert assistance only after first attempting to deal herself with complex situations, that she is impatient of delay caused by the necessity for proper investigation, that she lacks sympathetic understanding of the motives which prompt the withholding of relief as part of a foreseeing plan, and, most important of all, that the question of health looms so large on the nurse's horizon that all other important issues are ignored.

The nurse's case against the social worker is apt to be less definite. It is often summed up in the vigorously expressed opinion that she cannot get from the social worker the things, material or otherwise, that she wants for her patients. She also finds it hard to submit her own judgment to that of a woman of, perhaps, less experience of life than herself, and with a shorter and less arduous period of training, and she feels that she should not be asked to do so unreservedly. Oc-

casionally she finds the social worker unsympathetic because her knowledge of a family tragedy is less intimate than that of the nurse who is daily at the house.

These difficulties, upon analysis, fall into two classes: those which are merely questions of individual adjustment between workers, and those which are inherent in the two systems of work.

Scientific social work to use the term in its best sense is, as we have already said, a comparatively modern development. So is public health nursing in its modern form. It is not surprising that some misapprehension should exist in these early years of adjustment which time will inevitably remove. Nurses cannot fail to learn the true function of the social worker and will rate at their real value her special powers. Social workers will see health problems more nearly as the nurse sees them and will learn to value her judgment not only in regard to those questions directly concerning health but in regard to other things wherein her intimate knowledge of the family and her easy access to the home make her point of view helpful. If the social worker is inclined to be very sympathetic she will see something rarely appreciated: the fact that it is not always easy to belong to a profession which must bow daily to the judgment of two others. Years of hospital training have taught the nurse that she does not know enough to diagnose the diseases of her patients or to order treatment for them. Perhaps, it is only human nature that she should occasionally rebel when on taking up public health work she finds that she must learn afresh that there is another profession to whose judgment she must submit her own.

Both nurse and social worker will recognize the limitations of helpfulness which result from inadequate resources, and neither will expect the impossible from the other in work among families of low mental or moral capacity.

Mutual comprehension is sure to follow as a natural result of association and the advent of each well-trained worker in either field hastens the day of complete understanding.

The question of the apportionment of duties and responsibilities is somewhat different. There is and probably always will be a vagueness of boundary line where the work of nurses and social workers meets which is inherent in the situation and which must always be a matter of personal adjustment.

That a social worker must not give nursing care and that a nurse must not dispense relief is conceded by everyone; but between these two functions lies a no man's land of duty into which each may venture with impunity, but where most of the difficulty and friction is to be found.

A nurse finds a patient suffering from tuberculosis. The family, commonly above the poverty line, has no reserve with which to meet running expenses during the illness of the wage earner. Where should the nurse's duties legitimately cease and the social worker's duties begin? Logically, the boundary line should be the same whether the family comes first into the hands of the nurse, or first into the hands of the social worker. While it is impossible to draw it too definitely, it is interesting to note the gradations of color of legitimate work which can be traced from one extreme to the other.

Let us suppose that the family comes first to the nurse. She secures medical care, she teaches prophylactic measures. She places exposed members under observation, and she starts proceedings for procuring sanatorium care for the patient, guiding his life until admittance. Her first visit reveals the financial problem and her questions elicit the fact that there are relatives both in the city and out of town who might help in one way or another. She suggests that they be written to, but on her second visit learns that they have been asked in vain, or that they have not yet been appealed to at all. Impatient of delay, the nurse agrees to see those who live in the city and to write to the aunt in the country. This she does, but is not successful in her efforts, and in despair she turns to the social worker for the help which must be immediately forthcoming, and which the nursing organization is naturally not equipped to supply.

The much tried social worker feels that she is forced to begin work under great disadvantages. It is one thing to lay out a carefully arranged plan and take each step in logical sequence. It is quite another to be asked to undo the mistakes of others and to start with the handicap of a poor beginning. Even the necessary data is not in her hands. The nursing association does not use the history sheet method of record-keeping, so no written record of the interviews with the relatives has been kept. The nurse did not dictate her letters, so she has no carbon copies of them.

Surely every nurse must see that this is a poor piece of coöperation and could not have occurred if there had been a just appreciation of the social worker's proper function.

Let us reverse the picture, for it is just as possible for the social worker to proceed inch by inch until she too finds herself performing ill-advisedly the duties of a public health nurse.

The same family comes to the social worker because the man cannot keep steady work. Tuberculosis is suspected and he is sent to an out-patient department for examination. After the diagnosis, relatives are induced to give their aid, and the patient is entered on the

waiting list of a sanatorium. Unfortunately, the list is a long one and many weeks unexpectedly elapse before he can be admitted. This does not greatly trouble the social worker because he seems to cough so little and he assures her that he is out in the yard all day, and that he is most careful to follow the doctor's orders in regard to the protection of his family. When at last the door of the sanatorium is opened to him, the admitting physician pronounces his case too far advanced for admission, and the social worker applies to the nurse for nursing care at home. The nurse discovers a daily afternoon temperature which the patient has apparently been running for weeks and which should have kept him in bed. She finds that though he has been sleeping alone, his little children have been in the habit of playing on the bed in the morning after his hard nights of coughing and on examination one child is found to have tubercular glands while another should have been in a fresh air school and under careful observation long before the family came into the nurse's hands.

Another piece of wretched coöperation! Had social worker and nurse worked together instead of following each other in their efforts all these difficulties in both instances would have been avoided and the family have received infinitely better and more skilful handling.

If in work with the individual it is important that nurses and social workers should be harnessed as a pair rather than in tandem it is even more important where community welfare is involved. Together the two workers backed by their respective organizations can often accomplish what could never be done by either alone.

Having written so far I find myself asking what it is all about; why it is necessary to write on such a subject. Surely we who are public health nurses must feel the bond which unites us to those whose work completes and perfects our own, and a like feeling can surely be ascribed to the members of our sister profession. There can be no question of thy rights and my rights, for apart we can accomplish so little, together so much. Where the boundary lines of the two fields of opportunity meet is a matter of little consequence and can safely be left to the individual adjustment of broad-minded women. It can perhaps never be sharply drawn, but must be movable rather than vague according to the personal equation of the workers and the conditions of the local field.

Fine public health nurses all over the country would prefer to add a proper proportion of social workers for their community rather than to increase their own staffs at the expense of the development of other social agencies, for the simple reason that they feel that by such broad development the best good of the people is to be obtained. Fine social

workers are ready to sacrifice much rather than do without the aid of the public health nurse, and by aid is meant something far beyond mere nursing skill, valuable as that may be.

Where discord exists, narrowness must exist also, and a narrowness that is not far removed from positive sin. For who suffers? Not the workers, but the sick and the poor. In the long run more will be accomplished for them by the quiet, peaceful coöperation of all workers than will ever be brought about by an aggressiveness, even a righteous aggressiveness of anyone. If, as we believe, the life of a nurse or social worker is as truly consecrated as that of the nun or sister or deaconess who preceded her in such service, littleness and self-seeking can find no place in either profession.

SPECIAL NOTICE

The fifth annual convention of the National Organization for Public Health Nursing will be held in Philadelphia from April 26 to May 2. Remember, the convention needs you and you need the convention! For full particulars and a diagram of the program consult the February and March Bulletins, or write direct to the main office of the Organization, 600 Lexington Avenue, New York City.

Please Make A Special Effort To Be There!

PUBLIC HEALTH INSURANCE AND THE PUBLIC HEALTH

By MILES MENANDER DAWSON

The names of these two things indicate that there is a very real, a vital relationship between them.

Between private health insurance, that is, against disability due to sickness or accident and carried on by insurance companies in the usual way, and public health, there is, as every public health officer, or public health nurse knows perfectly well, no connection whatever. Such companies pay the indemnities which they conclude they must pay, after "paring" by clever claim-adjusters, intent upon bringing their employers off at as little cost as is consistent with good business practice, or even a little less. They take no interest in prevention of these disabilities as, indeed, why should they? Is it not their part only to get a rate which will cover their outlay in indemnities and otherwise and yield a profit? And would not more disabling sicknesses and accidents mean more trade, bigger rates and, in the aggregate, bigger profits?

They are interested in one sort of prevention, to be sure—prevention of loss to themselves, though not of disability. This shows itself in the disposition to cancel, or refuse to renew, if a policyholder, after no matter how many years, has a disability which points to the probability of recurrence; which privilege, so foreign to life insurance, where policies are renewable at the policyholder's option, is so highly valued by these companies that they do not issue policies which you may renew as long as you will, but only from year to year at the company's pleasure.

But they don't interest themselves in accident or disease prevention or even in their treatment, except as regards the individual case and then merely to get "a receipt in full" as soon, and in exchange for as small an amount, as possible.

Neither is "lodge insurance," with its "lodge doctor," at all effective in guarding members against disease. Lodges do nothing for prevention and, in most cases, little through their underpaid physicians, remunerated "per capita," for treatment worth while.

What is now done to supplement the efforts of public health authorities, physicians and nurses, so far as existing health insurance goes, is to be found in trade union funds and establishment funds, two forms more closely approximating public health insurance in type than any other we know of.

The excellent work done by certain of the trade unions in these regards should not be overlooked in any consideration of this matter; such, for instance, as by the International Typographical Union as regards lead poisoning and tuberculosis, by the International Cigar-makers' Union in improving sanitary conditions generally, etc.; and the splendid results of mutual aid funds, carried on by representatives of employer and employees, by means of joint-contributions, are so well-known as not to require comment. That there are both trade unions and establishment funds that have done nothing worth while in these regards, is true; but it has been demonstrated that through such means, i.e., coöperation by trades or within the industry, great things can be accomplished in our own country.

First and foremost, better insurance can be provided at much lower cost—better insurance because, while more successful in preventing simulation and malingering, it exists to pay disability claims and not to "pare" them; and cheaper insurance because it is managed at an expense of 6 per cent of the receipts, or better, instead of 60 per cent, or worse, as in the cases of the health insurance companies that serve, and prey upon, wage-earners. This latter means even more than these figures; for, suppose it were to cost $100,000 to pay claims, a 6 per cent expense rate would compel a total of only $106,383.33 to cover claims and expenses, whereas a 60 per cent expense rate would require $250,000 to do the same thing; in other words, it is not only ten times as high *an expense rate* but is applied to nearly two and one-half times the amount and *costs almost twenty-five times as much.*

This waste, alone, would operate to prevent the insurance companies financing prevention and treatment, even if they were so minded; and its existence is no doubt the explanation of the movement which men, connected with these companies, are seeking to set on foot to separate, in any health insurance legislation, indemnity for loss of time and provision for treatment, and for prevention.

On the other hand, it is an essential in any well-conceived plan of public health insurance that both treatment and prevention be provided; and the cost of these items in the standard bill which the Social Insurance Committee of the American Association for Labor Legislation has prepared, is estimated by Dr. Rubinow and myself to be nearly, or quite, 60 per cent of the total expense. Dr. Warren, of the United States Public Health Service, has estimated it higher than this, in talking with me about it. In any case, one of the first and foremost fruits of a public health insurance system would be to divert this enormous ratio of waste, involved in company insurance, into the solid benefits of care and prevention.

It is also to be remembered that these insurance companies, in addition to giving so little for the money, insure only a small proportion of wage-earners; very largely those who need the protection the worst, are left without it. Public health insurance will reach and benefit them all; and its aid in the preservation of public health will be as wide-spread as the community itself.

The method recommended by the committee for providing public health insurance is by means of a choice between two sorts of funds in each community, both of them public, viz., a local trade fund (if one is established among members of one's trade) and a general local fund, the management in each case being entrusted to a board, composed one-half of persons elected by contributing employers and one-half of persons elected by contributing employees. Trade unions will, of course, nearly always control the employees' representation in trade funds; and they will also usually have the preponderating influence upon the representation of employees in the general local fund. That employers will also be represented, will undoubtedly produce precisely that coöperation which has proved so highly beneficial in the best mutual aid funds.

In addition to these, the option is given to be insured in such a mutual fund of the industry, if such is created and approved by the public authorities, in which the employer must pay at least as large a proportion, compared with employees, as in the public funds, or in a trade union or fraternal society, in which case the employer must contribute the same as before, but to a public equalization fund, instead of to the union or society.

This system is not precisely like any of the plans abroad, but is modeled upon the best establishment or mutual aid funds in this country, with various features from foreign laws that have worked particularly well and that are deemed by the committee most suitable for adoption here.

The average cost is estimated at 4 per cent of pay; it is proposed that two-fifths be borne by employees, two-fifths by employers and one-fifth by the state. The employer is required to pay for all his employees, as well as for himself, and may deduct their part from their wages.

The benefits are two-thirds wages after the third day of disability, due to sickness or accident not covered by compensation laws, and medical and nursing attendance, medicines, hospital treatment and the like—these things, except the indemnity, also for dependent members of the family, including maternity cases. For maternity, a member's wife receives medical and nursing care only; an insured woman receives also two-thirds wages.

Nursing will, of course, be by visiting nurses chiefly or even exclusively; and, therefore, of a type which has already proved to be a valuable supplement of public health activities. Miss Wald was a member of the committee, and Miss Beard and others made valuable suggestions.

Physicians may be employed by a free choice method, on a "panel" system, or by associations, or on salary, or by a combination of these systems. The committee had the valuable assistance of Dr. Alexander Lambert and Dr. Goldwater, both members of the committee, and of Dr. Kopetzky and others from without, as well as helpful criticisms from Dr. Emerson of the New York City Health Department, and Dr. Warren of the United States Public Health Bureau.

The chief opposition of certain physicians has been stated by their usual spokesman to be that they insist that the law shall provide for a panel system only, with free choice of physicians, *and with contracts only with associations of physicians*, which would put the funds wholly at the mercy of a physicians' trust, which could exact any terms it pleased. This, of course, cannot be granted and, if its true nature were generally comprehended by physicians, it would have little support.

The public health insurance plan as proposed also couples up with public health authorities by providing that the fund physicians must make such reports as the State Health Department may direct, and will be disqualified to serve the funds if the health authorities find them guilty of refusing or neglecting to make such reports as required. These are not the physicians who treat, but those who diagnose for the purpose of reporting to the funds regarding their liability to pay indemnity; they will be salaried men and will have no reason to hold back the information.

COMMUNITY RESPONSIBILITY FOR THE DEPENDENT CHILD

By HARRIET L. LEETE

"He who helps a child helps humanity with a power and a force that he can give in no other way."

For many years philanthropically inclined individuals considered their responsibility met and complacently assured themselves that they were giving the best of care and advantages to dependent children when they founded huge institutions where infants could be dropped and be given a bed and food.

Other countries than America, thinking of their children in terms of necessary future citizens, were the first to realize that institutions where large groups of infants were kept together were not the most advantagious centers for well infants.

Perhaps Hungary more than any other country has accepted its national responsibility to its children. In Hungary every child under 15 years of age not properly taken care of receives the interest and supervision of the State—the law of 1903 stating every child has a right to care, nourishment, education and a home.

There are seventeen State centers or institutions for the admission of dependent children. Following the admission an investigation is made to learn of the opportunities of the child, whether or not it may be properly provided for by parents or guardians or relations; if not, the child then becomes the charge of the State.

Public spirited people, interested in the well being of children as a national asset, act as foster parents and provide homes for these children frequently without remuneration. As soon as possible healthy children are placed in such homes, while children who are ill or in need of medical attention are placed in hospitals. All of these boarding homes are under medical supervision and guarded by the services of the visiting nurses.

The United States has been a long time in understanding the disadvantages of institutions, and in realizing that individual care is the birthright of every child. It may be not without interest to quote some statistics prepared by the Committee on Vital and Social Statistics and the Committee on Pediatrics of the American Association for Study and Prevention of Infant Mortality in 1914.

An examination of the statistics of such institutions published by the New York State Department of Charities shows that from 1909 to 1913, inclusive, 28,210 children under two years of age were cared for in eleven institutions in the state, and that the death rate for babies under two years for this same period, based upon the total number of children cared for, varied in the different institutions from 183 to 576 per 1000, with an average mortality rate for the eleven of 422.5 for the 5 years. During the years 1909 to 1912, inclusive, the death rate for children under two, based on the estimated population for the state at that age, was 87.4, *practically one-fifth of that in institutions.*

I would also like to quote Dr. J. H. M. Knox of Baltimore, Maryland:

When our city foundlings have had institutional care, there has been a mortality of from 80 to 90 per cent—perhaps 95 per cent. When homes have been found for cases of that sort, or for the illegitimate baby and its mother, the mortality has been cut down at least half. That has been our experience in the care of about 400 mothers and babies.

We have no accurate statistics for Cleveland but there is no reason for supposing them to be better than those of other cities. In fact, one ward of babies, investigated by a physician interested especially in tuberculosis, was found to be 90 per cent tuberculous.

The Babies' Dispensary and Hospital of Cleveland, however, did demonstrate its knowledge and appreciation of home care for infants by starting a one child per home boarding home system. Through stories in newspapers, the great assistance of other visiting nurses, and from the patients themselves, homes were found where the mothers in the homes, for $2.50 or $3, were willing to become foster mothers to children less fortunate. As only one nurse was assigned to the supervision of those homes, which as they increased in number extended all over the city, her chief responsibility was that of keeping the homes up to the standard, interesting the foster mothers so that they would feel a personal interest in the plan, and seeing that babies were placed in the homes most advantageous to the particular child's welfare. For instance, many foster mothers were averse to taking very young babies, feeling that the responsibility was greater, again at times we found a foster mother who wished only very young babies. For colored babies it was wisest to find a colored foster mother, as it was also wisest to plan the placing of foreign babies in homes of their own nationality; this was especially true where one or both parents visited the child; religious beliefs were also carefully considered.

In between the visits of the boarding home nurse the child was visited by the regular baby nurse, who watched over his physical well being and insisted upon his regular attendance at a dispensary. Before any child was admitted to a boarding home his initial visit was at The

Babies' Dispensary and Hospital, where a thorough physical examination was given, which with the boarding home babies always included the Wassermann test.

Right here I would like to call attention to the fact that the fate of the unfortunate luetic baby is perhaps the hardest of all. It was not wise to hold them for a long time in a hospital, yet the only home where they could be placed with safety was in the home of a luetic foster mother—homes of this character, where the foster mother was capable of properly caring for the child, were hard to find.

True "foundlings" or those who are of unknown parentage were seldom found in our placing-out system, and would not have been there at all did we not affiliate so closely with the Humane Society.

The Humane Society closed "Infants Rest" December 31, 1915, and since that time have placed their children under three years of age through the boarding home system.

The essentials of a well planned boarding home system are:

1. Expert medical supervision.

2. A socially trained visiting nurse with enthusiasm, tact and never failing patience.

3. A group of foster mothers—this group to increase as the knowledge of the value of this system becomes known and the work expands.

4. Quite likely someone is asking, why is not this first? Well babies who for some reason cannot be cared for in their own homes.

5. A fund to pay the board of babies which cannot otherwise be provided for, i.e., many times the father can partially pay the board, sometimes the child is placed because of the illness of the mother and the Associated Charities consider it in their province to furnish the board, but frequently there is no fund available and the urgency of the situation demands that the child be placed at once.

To elaborate:

1. Expert medical supervision presupposes the physician has had special training in the care of babies.

2. The solution of the social problems demands equal intelligence and knowledge with the medical, and cannot be accomplished unless the nurse has the required requisites and training, and is intensely interested in the development of the work; she must be able to show a wise discrimination in the placing of the children.

3. The foster mother must be selected with the utmost care. Having found her, she must be made to feel that she is a vital part of a big plan for the betterment of child life, and that her part is of greatest importance.

4. There is no need to enlarge on this point, as babies appear more

rapidly than they can be placed—but we must insist upon well babies; this is not the plan for sick babies—out of their own homes they properly belong in a hospital.

Emphasis upon the placing of well babies has been Cleveland's plan.

Dr. S. Josephine Baker, in the report of the American Association for Study and Prevention of Infant Mortality for the year 1915, describes a satisfactory placing out of groups of babies, "where the prognoses for life were hopeless from the institutional standpoint."

5. A fund is most essential (a) as most of these babies are being placed because of some handicap (b) as better type homes may be procured if the board is sufficient to interest a more intelligent group of women.

The boarding home system of Cleveland was inaugurated in March, 1912, by The Babies' Dispensary and Hospital and was transferred to the City Bureau of Child Hygiene October 1, 1914, but the same system and supervision was retained until February 1, 1917. During that time 1472 different foster mothers were interested. At present there are 97 children in 92 homes, with only one death in the homes during the entire five years. The youngest baby placed was two weeks of age. At present about one-half of the cases are placed by the Humane Society, and 58 of the 97 are illegitimate.

Quoting Mr. Homer Folks of New York City:

> For the real foundling our responsibility as a community and as charitable agencies is, at most, indirect and remote. For the so-called foundling our responsibility is direct, complete and unescapable. We take him from his parents with our eyes wide open, deliberately and with full knowledge of what we are doing.

Some states assume their responsibility for the dependent child more completely than do others, but all public health nurses must seriously consider what is to be their share in giving assistance to the unfortunate baby or child, and when a decision has been made to wisely and persistently use every influence towards the betterment of child life.

BIBLIOGRAPHY

Van Ingen, Dr. Philip: Infant Mortality in Institutions. Report of Conference of Charities and Correction, 1915, p. 126.

Gates, W. Almont: Caring for Dependent Children in California. Report of Conference of Charities and Correction, 1913, p. 306.

Solenberger, Edwin: Standards of Efficiency in Boarding-Out Children. Report of Conference of Charities and Correction, 1914, p. 178.

GERSTENBERGER, Dr. H. J.: The Methods or the System Employed in Caring for Institutional Infants Abroad—more especially in Germany and Austria-Hungary. Report of the American Association for Study and Prevention of Infant Mortality, 1914, p. 139.

CHAPIN, Dr. HENRY DWIGHT: Are Institutions for Infants Necessary? Report of the American Association for Study and Prevention of Infant Mortality, 1914, p. 126.

BAKER, Dr. S. JOSEPHINE: The Possible Reduction of Mortality among Sub-Normal Institutional Babies. Report of the American Association for Study and Prevention of Infant Mortality, 1915, p. 244.

HESS, Dr. ALFRED F.: Institutions as Foster Mothers for Infants: Report of the American Association for Study and Prevention of Infant Mortality, 1915, p. 255.

KNOX, JR., Dr. J. H. MASON: The Care of Institutional Infants Outside of Institutions, Report of the American Association for Study and Prevention of Infant Mortality, 1915, p. 133.

Preliminary Report by the Committee on Vital and Social Statistics and the Committee on Pediatrics, Mortality in so-called Foundling Institutions, Report of the American Association for Study and Prevention of Infant Mortality, 1914, p. 169.

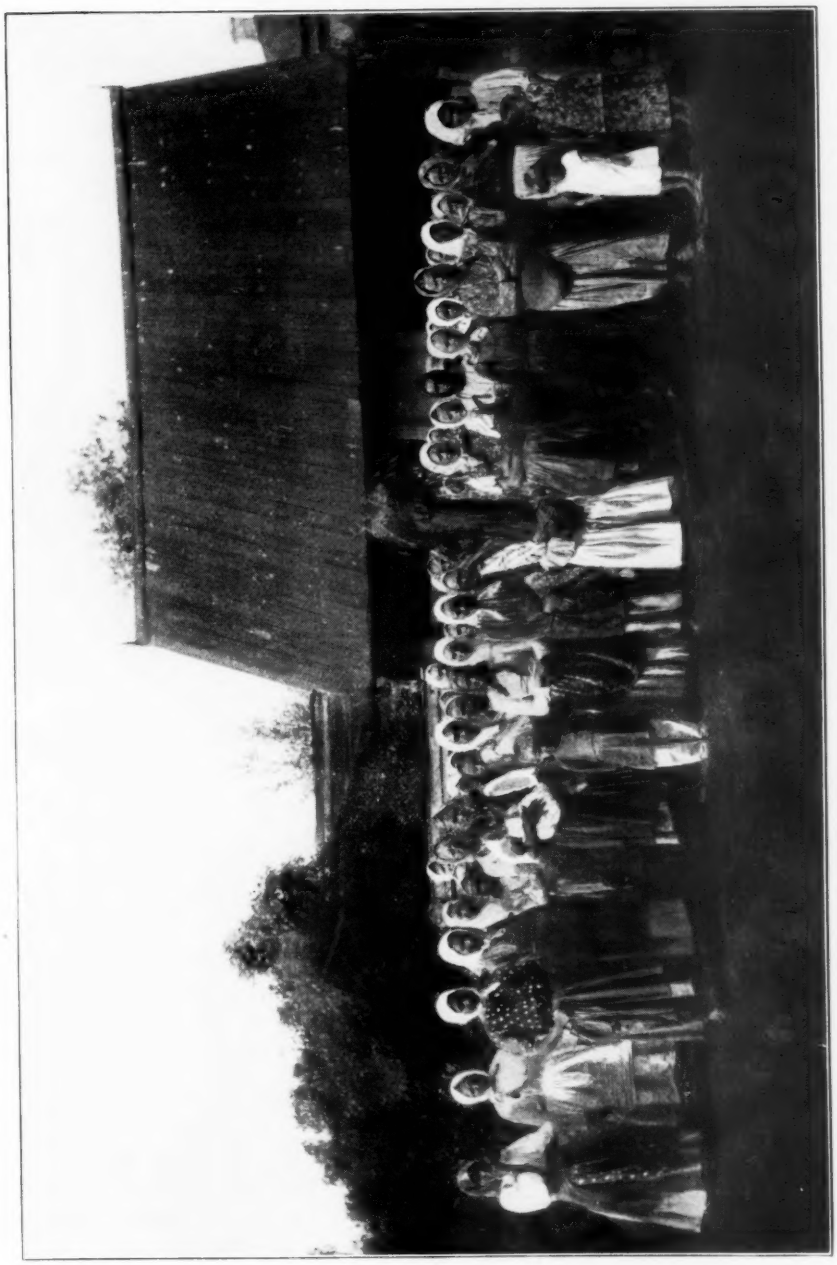
BACKGROUNDS OF OUR IMMIGRANTS

The Russian

By M. JOSEPHINE SMITH

It was my first day in Russia and I sat beside a window overlooking the Neva, coated white with the first severe frost of the winter. Immediately below was a square leading to one of the main bridges across the river; and, to the left, on the further bank, stood the enormous pile of the Winter Palace. In the centre of the square was a large statue, to right and left of which streamed an endless flood of traffic. To my wondering gaze it seemed as if all the various parts of the Empire, European and Asiatic, were passing in review down below; army officers, in their attractive, bluish-grey uniforms; Cossacks, riding carelessly on their rugged ponies; Poles, Jews; swarthy-faced Tartars; Circassians; sleighs drawn by splendid black Orloff horses, harnessed with blue or green and silver, the coachmen with long, flowing costumes, thickly gathered at the waist and girdled with elaborately chased silver belts—all these and many more held me spell-bound. Soon, however, one thing began to puzzle me. It seemed that nearly every man, rich or poor alike, raised his cap when crossing the square and held it in his hand until he reached the further side. "Someone very notable must live at this corner, that so many people raise their hats when passing," was my first thought; as the salute always continued, however, it seemed necessary to search for some other explanation of the mystery, and presently the clue was provided when an elderly peasant woman crossed over to the statue and stood before it for some time with bowed head in an attitude of evident devotion. The statue itself had its back to my window, but it was clear that in a niche at the side stood a shrine, and to this it was that everyone paid reverence.

The shrine and the ikon play a very large part in the life of the Russian, not only in the church or in festal processions, but in the ordinary, every-day existence. No cottage is complete without its ikon, which usually holds a place of honor on a bracket in one corner of the room; should any accident happen to it, dire would be the distress and foreboding in the home. At certain periods one of the larger ikons from the church is carried round the village in procession, and service is held in the homes of those who can pay the necessary alms to invoke a blessing on the home and its inmates. The cattle are blessed when they are herded out in the spring, and there must be a



A GROUP OF WOMEN LABORERS WHO HAVE JUST FINISHED HELPING TO GATHER IN THE HARVEST

blessing of the stalls before they return. The Russian has a very real faith in the unseen world; and in many parts of the country there is a belief in different kinds of spirits, particularly those supposed to inhabit the rivers, which must be propitiated in various ways. But despite a large element of superstition, the Russian, and especially the peasant, possesses a simple, earnest religious faith which is very real and very beautiful. To his mind, the loved one who dies is not separated by an infinite distance—he is always close at hand, still loving and helping those who remain behind. The vivid imagination of the Slav requires pictures and ikons to represent the scenes and beliefs which mean so much to him; but the reverence for these symbols is due to the fervent, child-like faith which enables him to realize that which the symbol represents.

It is the heart's desire of most Russian peasants to make a pilgrimage. What the pilgrimage to Mecca is to the Mahommedan, or bathing in the Ganges is to the Hindu, a pilgrimage to Jerusalem is to the Russian peasant. Every year large numbers make this pilgrimage, under the most self-denying and difficult conditions; a wonderful account of the experience has been written by Stephen Graham, who himself made the journey to the Holy City, and has drawn a wonderfully comprehensive and sympathetic picture of the pilgrims and, in them, of the peasant character. There are many who cannot take such a long journey, however, and yet wish to show their devotion to the cause of their religion. They visit some nearer shrine—perhaps a holy priest or monk, some monastery or especially sacred relic. Sometimes the pilgrimage is the climax of a life's longings; sometimes it is taken quite suddenly and unexpectedly, upon impulse—a peasant who has never been regarded as particularly devotional will disappear, and upon inquiry it is learned that he has "gone on a pilgrimage."

Closely intertwined with the devotion of the Russian to his religion is his deep-rooted love of his country, "Holy Russia"—its magnitude and power are, in his mind, irresistible. There is certainly some excuse for this belief, for the bounds of the Empire enclose 8,500,000 square miles, and nearly 160,000,000 population, which doubles every sixty years. Eighty-seven per cent of this population is said to consist of peasants, for only China and America surpass Russia as an agricultural country. They usually live together in large villages, for they are very sociable and dislike to live alone; the houses are made of wood and the peasant is generally his own architect and often shows considerable ability in this direction, his one implement for almost all uses being an axe; he is very fond of ornate decoration, if once he has the time and opportunity to employ his artistic ability. There is a

large stove in each cottage and in the winter the members of the family use the top of this stove as a sleeping place, in order to keep warm. Ideas as to hygiene are usually either vague or non-existent; hens and chickens are often inhabitants of the home with the family and other live-stock is apt to live in very close neighborhood. There is one particular, however, in which the Russians are scrupulous, and that is the "banja," or bath. There is always either a public bath house, to which both men and women resort, or else the cottage contains its own bath which is used by every member of the family at least once a week. A Russian bath is a very trying process to a stranger, however, as it consists mainly in a terrific steaming process, scrubbing with coarse grass and beating with birch twigs. The Russian can bear almost any extreme of temperature; and I have seen children running about or sitting bare-footed in the snow when the temperature showed ten or fifteen degrees of frost. Russian devotees bathe in the river when the ceremony of the "Blessing of the Waters" is performed; this ceremony takes place in January, when the cold is keenest, and on one occasion when I witnessed it the temperature must have been zero or below, yet there were several bathers who took their dip in the hole that had been broken through the ice.

The Russian has an almost superstitious dread of doctors and would usually much prefer to place his faith in the "clever woman" of the village than face the unknown possibilities of the hospital; he is a born fatalist, and it is surely a sin to fight against "the will of God"—if the patient must die, then there is no more to be said.

The village land is portioned out every seven years amongst the villagers, but no share is given to the women. It is the women, however, who do much of the agricultural labor; the men often leave the village and go to some near-by town to earn money, while the women stay at home and till the fields. But though he may leave the village the peasant is rarely happy to be away for long—always the memory of home tugs at his heart-strings, and in the distant town he will talk eagerly of the day when he will have money enough to go back and live in his "village." The fact that he, personally, owns land in his village, however small a portion it may be, probably goes far to account for the passionate devotion of the peasant to his home—an intense, whole-hearted attachment, often unreasoning and inexpressible, but none the less a tremendous force. Special efforts have been made by the Russian government to colonize parts of Siberia which offer excellent opportunities to the settler and might easily be made of great agricultural value to the Empire; but the greatest difficulty is experienced in persuading poverty-stricken peasants to leave their homes and

seek better fortune in what is veritably a land of good promise; and of those who so venture, many only wait until they have accumulated a certain amount of savings in the new territory and then return to the village.

The women, besides looking after the agricultural work, are very industrious in other ways; in the long winter evenings they spin the material for their own clothes, the picturesque native costume, which they often embroider lavishly. In some districts they make beautiful lace. Indeed, nearly every government has its own particular peasant industry, and the value of these industries is very considerable, for the Russian is at heart an artist.

Moscow has, from the earliest times, been celebrated as an industrial center, and it is now the heart of a large manufacturing area. I should like to tell something about the conditions in one of the manufacturing towns, because this is a side of Russian life of which little is heard. It must be remembered, however, that although there is gradually growing up a regular industrial population in the various mill towns, the larger proportion of the workpeople are still peasants, and, while they have for a while entered the factory, tempted by the prospect of regular wages, one eye is still kept on the "village," to which they hope ultimately to return. All the efforts and savings are to that end, and while the peasant, and in some cases his wife also, lives and works in the town, some relative, usually a female, has charge of his interests at home and cultivates the patch of land which is allotted to him by the commune. Once a year, at Easter, the mills close down for ten days or two weeks, as the case may be, and the employees almost invariably return to their villages to ascertain how their agricultural affairs are progressing. A large mill town will be, at this time, almost depopulated, and the track alongside the railway line—the usual highroad for pedestrians—is alive with men, women and children trudging cheerfully homewards to the village which is often several days' journey distant, their few necessities and food for the journey tied up in a handkerchief. Although very many of the people travel on foot, this is not because railway traveling in Russia is expensive—on the contrary, there is probably no other country in Europe where it is so cheap, for the peasant can travel about 4,000 miles, third-class, for $15.

Like everything else in the Empire, Russian cotton mills are generally on a huge scale. In the town in which I lived there were two mills, each employing fourteen or fifteen thousand workpeople. I had special opportunities for learning about the conditions existing in one of these mills; it is only fair to say, however, that these conditions were said to be particularly favorable. The factory formed quite a little king-

A TYPICAL WINTER SCENE IN RUSSIA

A TROIKA

AN OPEN AIR THEATRE

A TYPICAL RUSSIAN VILLAGE. NOTE THE CROOKEDNESS OF THE HOUSES

dom of its own, and was in nearly all respects self-supporting; it included carpenters' and mechanics' shops, electricians, plumbers and all the artificers necessary not only for the proper keeping in repair of the machinery and fittings of the mill itself, but also those required for all branches of work connected with the housing of the people, who lived in large barracks. It owned and operated its own line of railway and much of the fuel used in the mill was brought from its turf-fields in the neighborhood, for very little coal was used, even in the mill itself. Elementary education was given freely to the children of employees, in the factory school; and a night school carried on good work amongst the elders and those who wished to pursue their studies further than the elementary course. The sick were well cared for in a well-squipped hospital with its own staff of doctors and nurses; and drugs and other necessities were to be obtained free of charge from the dispensary, by any needing them. There was also a special provision of milk for the babies, and a nursery where mothers could leave their little ones to be cared for while they were at work. Amusements also had to be provided—no easy task in a country in which saints are many and every saint's day a holiday; there are between 150 and 180 holidays in the Russian year. For summer amusement there was a well-laid-out park, where a band played in the open air on Sundays and holidays, and a few cents admitted to the theatre. The stage is, of course, the great form of amusement in Russia, and it was not uncommon to have visits from some of the best actors and actresses in the country; plays and actors of national reputation were open to the workpeople for the cost of a few kopecks. In the winter time sleighing parties were organized and the neighboring forest would be alive with 'troikas,' or three-horse sleighs; while the lads organized skiing expeditions and the children would pass their time in tobogganning down some ice-hill, or on the skating rink.

The average wage earned by employees in this particular mill was about $13 per month, in addition to free housing, fuel and lighting. Food was retailed from the mill 'shop' at the lowest possible prices; an expenditure of about $2.25 per month would purchase a daily allowance of ¾ pound meat, 3 pounds black bread, 1 pound white bread, tea, coffee, sugar, vegetables, etc. Meat and white bread do not usually form part of the peasant's diet. Many of the workpeople had as much as $3000 in the mill bank; and $500 was quite a usual amount; these savings nearly always went ultimately to buy land in the "village" and build houses.

There are a good many difficulties in the management of a mill in Russia, however. The peasants when first they are taken into the

mill are, of course, very ignorant of all connected with their new work; they know nothing of the uses or dangers of machinery and must be watched over and guarded from accidents as if they were children The Russian peasant has constitutionally an extraordinary insensibility to danger and very little fear of death; even those who had been working longest in the factory needed to be constantly looked after and protected from the results of their own carelessness and utter lack of appreciation of the dangers connected with the use of machinery The prevention of smoking in the mill was always a great difficulty and a constant cause of friction between employer and employee; and when, on several occasions, a slight fire broke out on one of the floors, the workmen on other floors, although immediately warned of the danger, would make no motion to seek safety, until ordered peremptorily to do so.

On the other hand, the peasant is a very cunning fellow and, in the event of any accident occurring, is pretty sure to make the most out of the position. A factory inspector resides in every mill town; the director and heads of the various departments are held personally responsible by the government in case of accident, unless they can absolutely prove their innocence of any contributing carelessness; and the laws as to compensation for injured workpeople are very strict. Of all these facts the employees soon become very well aware. The following authentic story is interesting from several angles. A certain workman met with an accident in a factory, entirely through his own carelessness; he was treated in hospital and received his wages until discharged as cured; he declared himself unfit to work again, however, and demanded compensation sufficient to keep him in idleness for the rest of his life. When the director refused to accede to his demands, he appealed to the owners; they made inquiries into the facts of the case, satisfied themselves that the man himself was responsible for the accident in the first instance and that he was declared to be well and able to work for a living, and then rejected the application. The factory inspector was then appealed to, took up the case, made his own investigation, and decided against the employee. Nothing daunted, the man next applied to the governor of the district; again the same inquiries, again the same result. A short time afterwards the Czar visited Moscow; the workman determined to exercise the privilege legally possessed by every Russian, of direct appeal to the Czar himself. The result was a stern note to the owners, demanding to know why this poor peasant was being kept out of his rights. Doubtless an explanation and statement of the facts would have proved as effective in this case as in the others, but strong as they felt their case to be, this note proved too much for the nerves of the owners of the mill, who accordingly gave in and acceded to the man's demands.

The ignorance of the workpeople is, however, partially compensated for by their quickness of imitation and faculty of turning their hands to almost any kind of work. The really excellent examples of carving and artistic work which were turned out of the carpenter's shop by men who had learned nothing beyond the ordinary elements of their trade were astonishing. I remember one man in particular, Zachar by name, who, a carpenter by trade, was always called upon whenever any special achievement was desired in the mill or in any of the property connected with it. He rather despised ordinary joinering, but if offered any opportunity for carving or elaborate decoration he was completely happy. On various occasions he was engaged to make alterations in the residence of the director, or required to make some piece of furniture for the same person; these were the chances that he lived for, and marvelous were some of the results which he accomplished. While busy over such productions he would regularly repair to a certain little "tractier," or inn, where, amid a circle of admiring watchers he would demonstrate on the floor, with a piece of chalk, the form of a panel, the pattern of a balustrade, or the carving on a wardrobe, which was to delight the heart of the director or members of his family. The height of his glory was reached, however, when a new turbine engine was being set up in the mill and, as usual, the work had not progressed very far before Zachar was called in to assist; parenthetically, he was almost as handy in helping in the adjustment of a mechanical or electrical puzzle as over matters connected with his own trade, and the English engineers in charge of the work soon came to regard him as a valuable assistant. His final reward was in proportion to his services, for when the turbine was fully installed a photograph was taken of it, and standing proudly beside the engine in the most prominent place of all, was Zachar, whose cup of happiness was filled to overflowing by the possession in his own right of a copy of the photograph.

The Russian is usually much given to exaggeration; he is a born actor and always makes the most of a situation from a theatrical point of view. On one occasion, late in the evening, the director of the mill was called up on the telephone and told that a watchman had been murdered. He immediately hurried to the scene of the tragedy, and at the entrance to the mill he met the watchman who had called him. "Is the man dead?" asked the director. The response was in the affirmative, and together they went on to the place where the murdered man was supposed to be lying—to find two men having a fight! The director, in natural wrath, turned on his conductor, "Why did you tell me the man had been killed?" he demanded. "Well, barin," explained the Russian, with much gesticulation, "one of them would certainly have been killed in a minute if you hadn't come!"

This sketch of the mill town would be incomplete without a reference to the girls, usually from the Rezan Government, who come every summer to work in the turf fields just outside the town; they are engaged for the season and then return to spend the winter in their villages. They wear the beautiful peasant costume which is, unfortunately, growing out of favor; it consists of the long, loose dress which they have made themselves during the winter; sometimes a sash is tied loosely round the waist and their heads are always covered with a bright colored handkerchief; many go bare-footed. They love to sing over their work and their voices blend very musically in the different parts. Indeed, the Russian is passionately fond of music and strains of some kind are seldom missing—whether it be the deep voices of a Cossack patrol on its way to duty in the early morning, or the soft tinkle of a "balalaika" played by some lad as, the day's work over, he seeks the woodland for an evening stroll, accompanied by a little group of comrades. In the winter there is always the tinkle of sleigh bells, the ringing hoofs of the galloping horses of a troika; and, summer and winter alike, there is the deep, musical note of the church bell.

Russia has hitherto been known to the world chiefly through its ruling classes; her millions of peasants have not yet been reckoned with in the council of the nations. Recently, while reading a very interesting little book about Russia I found this quotation from De Tocqueville, written in the early part of the 19th century:—"Two great races exist in the world, which, setting out from different points, clearly strive towards one aim. These two races are the Russians and the Anglo-Americans. Both the one and the other grew up in the dark, at a time when the minds of people were turned to home problems. The Russian and Anglo-American races suddenly emerged in the first rank of nations, and the rest of the world learned of their birth at one and the same time. However different their points of departure and their historical progress, both of them are destined by Providence for great rôles as world powers."

We are apt to think of Russia in connection with certain dark acts of fanaticism, often exaggerated and misrepresented. Of the great mass of peasants, with their devout faith, their kindly hospitality and good humor we know and think little.

If the war in Europe has brought forth some of the most terrible scenes in the world's history, it has also brought to light much that is most beautiful and inspiring. There has recently been published a little book called "The Way of the Cross"; it is by a well-known Russian journalist, Doroshevitch, and is probably the first Russian war literature to be translated into English. It is a series of pictures

poignant in their realism, of the flight before the invading German army. "More than ten provinces have been laid waste by the enemy. Millions of people have become beggars, and have fled. From the places of their birth to the far center of Russia stretches the way of the Cross for these people." And a little further on we find this wonderful tribute to the Russian peasants upon whom fell this sudden flood of fugitives:

"Don't the fugitives do you a lot of damage?"

"*Nitchevo!* Nothing, that's all right."

"Don't they dig up your potatoes, and take away your hay?"

"Yes, they take it. How not dig them up?"

And for hundreds of versts, just as if it were a conspiracy, you will hear these phrases:

"Let them dig them up!"

"They've got to eat, haven't they?"

"Perhaps we shall have to do it ourselves!"

I often heard:

"They take things in extremity. They ask for more, and we make them a present of it."

Not once did I hear the word which would be used to apply to beggars:

"*Podaem*, We grant."

But:

"*Daem*, We give."

Or, more often:

"*Dareem*, We present."

"In the great misfortune that has befallen these fugitives, the peasantry, by their humanity and good-will, have taken upon themselves half the burden of the calamity."

Surely no greater tribute than this could be paid to any people!

Goremyka[1]

By S. WEISSBERE

Goremyka is a plain, middle-statured fellow, with blond hair and with a childish expression in his eyes, full of anxiety and naïveté. There is much of romance and poetry in his nature. He sings going to work, while working, and coming back: eating his dry bread he plays his ballalaika. He does not require much from life, and he does not

[1] Meaning "Bitter life." This name is that of a literary type in Russia and is applicable to all Russian peasants.

spend much on it. He lives in one room with his family of eight, where everybody works very hard and eats nothing but bread and water.

His main duty is to pay taxes; that is what all his family is working for. The only consolation in his life is vodka; this is the thing he is dreaming of.

Goremyka would send his children to school, but they cannot go all at once, because there is only one pair of shoes in his house, and the poor little ones have to wait their turn. If you try to turn his attention to the fact of his miserable life, he will look at you with such a childish expression in his eyes, just as if you were telling him of a fairy tale he had never heard of; and after making a great effort to think he will answer you with his childish naïveté, "It is so, but we peasants don't dare to judge; there is God in the Heaven above, and the Czar, His ambassador, in Petersburg; they will take care of us. It is their business to judge, and if they have not done anything for us we are not worthy."

Goremyka believes in all religious ceremonies because the priest has told him to believe. He is also obedient. To keep up the church costs Goremyka a great deal; he has to give a certain part of the harvest to the priest. He considers himself lucky when the priest takes his share. The priest certainly does not hesitate to confer this great favor in the name of God and for the benefit of His congregation! And so a great part of the harvest goes over to the priest, while Goremyka himself has to sell his horse and wagon to make ends meet.

But in spite of his bitter life he is very kind hearted and is always ready to help his neighbor and to do all kinds of work for him. If anything happens to the whole village, he is the first with his impracticable advice and self-sacrifice, which usually only brings bitter results, disappointment, and paralyses his little energy.

And so, half-paralysed and half-lost, half-hungry and half-drunk, he continues his miserable existence in the great, unlimited Russia, with her vast, immeasurable natural resources.

BIBLIOGRAPHY

Graham, Stephen: Changing Russia. With the Russian Pilgrims to Jerusalem.
Morfill, W. R. Russia. (The Story of the Nations Series.)
Steveni, W. Barnes: Things Seen in Russia.
Wallace, Sir Donald Mackenzie: Russia.
Wolkonsky, Prince Serge: Pictures of Russian History and Russian Literature. (Lowell Lectures.)

MOBILIZING VISITING NURSE DIRECTORS IN MASSACHUSETTS

By GERTRUDE W. PEABODY

Massachusetts has led the way in mobilizing the directors of visiting nursing associations by forming a State-wide organization of lay workers, with county chairmen, a central committee, and membership of all local boards. The second annual meeting of this new organization was held in Boston in January and the report of this meeting may be of general interest, and may stimulate other states to form similar organizations.

The purpose of this committee as described in its constitution is, "To create and promote a common fellowship among those interested in public health nursing; to share the knowledge gained through individual experience in various forms of administrative work, to encourage the formation of new organizations, and to promote membership in the National Organization for Public Health Nursing." Any visiting nursing association may become a member of the state committee upon payment of annual dues of $1. Fifty-three associations were represented by 127 persons at the meeting, which lasted from 11 a.m. until 4 p.m. with a very pleasant social hour when lunch was served.

The secretary's report for the work of the year read as follows:

> The best result of our first year of existence is that we have come to know each other, and that we have learned that each is interested in the other's work, and each eager to acquire and give information about our common interest. In other words, we meet here to find that the problems of our home association can no longer be regarded merely as our local problems, but must be thought of as a part of the larger problem of providing the state of Massachusetts with the best nursing care. A local association initiating some new line of work or solving satisfactorily some problem, should feel in duty bound to make that knowledge available to every association in the state. And equally, a local association which is not following the generally accepted policies for Visiting Nursing should be very sure that it could justify its independence of action.
>
> The second result of our existence is, we believe, an increased feeling of responsibility for the position of a director. One hears a great deal now-a-days about the special education of the public health nurse, and a paper on our programme today emphasizes that need. But what about the special education for the directors of the public health nurse? How shall we know enough to employ this highly specialized young woman, and if we do, how shall we be sure she is fulfilling her task unless we too are educated to interpret the work as she does? Directors exist to direct, and we must fit ourselves to do this, and we believe that this committee is helping us to do it.

The secretary now has a card catalogue of 113 associations, 12 more than a year ago, and she believes that for the first time there now exists a correct list of visiting nursing associations in Massachusetts. She has the names of the officers, the number of nurses employed, the variety of nursing done, and a record of membership of 53 associations in this committee and of 17 in the National Organization for Public Health Nursing. This list has already proved of value, and is being used by the national organization, one local association, and one hospital.

The meeting continued with reports from the county chairmen, who told of the nursing situation as a whole in their respective counties, and of new associations formed during the year, and of new developments in old associations. The chairman of Hamden, Hampshire and Franklin Counties gave a particularly interesting account of the needs of the rural communities and what is being done to meet them.

In talking over this rural problem with our state agent, our combined efforts marked out this scheme; to have a nurse from one of the city organizations go out to these small towns with the county home-making agent once a month to hold clinics or health talks. The agent is insisting that these country homes shall have more modern improvements so as to insure better health among the women, as the men have done for their cattle! Infant mortality is greater in rural communities than in crowded cities and the causes are due to lack of knowledge and continuous hard labor of the women.

Greenfield has partly solved her problem by providing a Ford motor for the staff of her association, thereby enabling her nurse to make an average of twelve calls a day, an increase in efficiency of over 50 per cent.

The state committee has also a literature committee which prepares and distributes lists of current publications on public health nursing; and a legislative committee which reports to its members legislative bills on public health nursing for study and action.

After hearing all reports the meeting continued with a paper from Dr. Bowers of the State Board of Registration of Nurses on "Coöperation between Doctors and Visiting Nursing Associations."

In answer, he said, to a questionnaire sent to one or more physicians in the 113 towns and cities where nursing associations are maintained, fifty-one physicians from 48 towns or cities replied. A questionnaire sent to all nursing associations brought replies from 68, stating that the work in 64 places is acceptable to the people. Two associations reported that the work is not acceptable—one was doubtful and one expressed no opinion. Fifty-six associations stated that all the doctors in the place approve of the work, nine that the majority approve, two that the doctors are opposed and one expressed no opinion.

That only 51 physicians replied certainly shows indifference and negligence on their part. Of these 34, however, highly commend the

work done, twelve commend with minor criticism, one expresses no opinion and four do not endorse. Many of the detailed criticisms are trivial but those deserving serious consideration are:

1. No night or Sunday service.
2. Quality of undergraduate nurses' work is unsatisfactory.
3. Doctors fear that their work may be discredited.
4. Nurses sometimes exceed their rights in treating patients.
5. Doctors use nurses as anesthetists, thereby displacing other physicians.

Dr. Bowers thus showed that there is ground for the associations to feel that a small number of doctors are not favorable to this work and that the testimony of the doctors demonstrates that there may be some minor defects in the work of some associations. His advice to the associations is to perfect the nursing work as far as possible, to impress upon the nurse at what point her responsibility ends and the doctor's begins, and to show no partiality in advising patients about doctors. Furthermore he advised that the opposing doctor be sought out by nurse or director and that the purpose of the organization be explained to him, that his advice be asked, that his criticisms be met openly, and finally, that he be asked to attend a public meeting at which there will be speakers from organizations in other places, from whom he may learn. This paper was followed by a lively discussion, and personal experiences were exchanged which should prove helpful.

Mrs. W. A. Copeland, president of the Mansfield Visiting Nurse Association, gave a paper on the "Economic Value of the Specially Trained Public Health Nurse." She emphasized the point that the nurse in the small association had such varied work to do and so much responsibility thrust upon her that she needed all suggestions that experience in a post-graduate course in public health nursing offers. There was some dissent from representatives of rural communities, who had found a less highly trained nurse more adaptable to their simple conditions.

At the afternoon session Mr. Michael M. Davis of the Boston Dispensary explained the reasons for favoring health insurance in this country, and described the bill which is before the present state legislature, and which, if passed, will greatly increase the amount of public health nursing to be done, and will probably make a re-organization of nursing associations necessary.

Miss Mary Beard, president of the National Organization for Public Health Nursing, described the indirect effect of the national organization upon the local associations and the advantage to the cause of having one standard and one ideal toward which to work. She

urged the associations to give their approval and financial aid to the national organization by becoming corporate members on payment of $10 a year, and she urged them still more strongly to subscribe to the PUBLIC HEALTH NURSE QUARTERLY at $1 a year, without which publication they can hardly expect to keep abreast of the times. It was voted: That this committee, if eligible, become a corporate member of the national organization. This committee has been cordially received into the membership of the national organization.

The day following the meeting two directors visited the Boston District Nursing Association to inquire about the post-graduate course in public health nursing offered by that association. They stated that after attending the meeting of directors they felt dissatisfied with the work done in their association and would like to consider giving their nurse leave of absence to take the additional training which would fully equip her to do the work.

It may thus be said with reasonable accuracy that the nursing forces of Massachusetts are on the way to scientific mobilization for the war against disease.

CONTAGIOUS DISEASES

A Résumé of Public Health Nursing and Preventive Measures

By CHARLOTTE LUDWIG

Methods governing the care of contagious disease vary more or less with the communities adopting them. With the advance of science there has come a departure from many of the hard and fast rules of former years. To facilitate a comparison of methods, a questionnaire was mailed to the Health Departments of several cities, touching upon various points of difference in departmental routine concerning contagious diseases. These points are discussed under several headings, and a résumé of the replies received follows.

NURSING

In several cities one nurse is delegated for contagious disease work. Some carry out bedside care, but the chief function seems to be investigation and instruction in methods toward prevention of the spread of the disease. In other cities (New York, Boston and Chicago) all the visiting nurses take part in the investigative and instructive routine; the Chicago nurses go in the last thing in the afternoon to give instructive or nursing care if they are not carrying any maternity cases. Bedside care is, as a rule, not given except in emergencies, but when it is given it includes everything a patient may need, throat or ear treatments, baths, sponges, oil rubs, etc.; an attendant, or some member of the family, is taught to give care between the nurse's visits and to care for hands, linen, dishes, excreta, etc.

In looking over the field it appears that whenever municipalities have undertaken bedside care other nursing organizations remain in the background, and, vice versa, where nursing organizations do the nursing, municipal nurses do not duplicate the work. In those cities in which bedside care forms a part of the municipal nurse's routine the principles of aseptic nursing are carried out, though perfect technique is practically impossible under the conditions with which the nurse has often to contend. Generally, all-over, long-sleeved gowns and caps are worn, and in most instances a gown is left at each case; that is one reason why the service is so expensive. The bag is not carried into the patient's room, but nevertheless, in the Henry Street Settlement at least, is placed open every night in the cabinet and exposed for fourteen hours to formaldehyde fumes. In Chicago, when a nurse is caught on a

contagious case and care must be given immediately, she borrows a sheet or some all-over garment from the family, gives the care and then telephones the main office before going off duty the rest of the day. In Cleveland the municipal nurses wear a gown, but no cap, and the same gown is carried from one contagious case to another; contagious cases are not left until the end of the day, but are visited in their routine order. The care given is instructive, and cases that require regular bedside care are sent to a hospital, or else it is insisted that a nurse be placed in charge.

The most rigid asepsis is observed between cases and personal precautions for the nurse's own sake. Some feel that there is grave danger of transmitting diseases through public health nurses; but the majority feel that where the hands are scrupulously cleansed and a clean, all-over grown and cap are used, with proper precaution, the danger of transmission is very slight.

PLACARDING

This forms one of the greatest variants of the list and ranges from the carding of all contagious diseases, as we follow out in Cleveland, to the carding of only a few of the major ones. New York placards only diphtheria and scarlet fever; all other of the common diseases are quarantined by mail. The premium at the present day seems to be placed upon leniency wherever it is compatible with scientific deductions. Nurses do the placarding of houses in several cities, but most of the municipalities are still inclined to favor the sanitary policeman for this duty.

DISINFECTION

In most cities, terminal disinfection has been abandoned, except for possibly smallpox and typhus fever. Disinfection with formaldehyde is usually resorted to after death or removal of acute cases. Cleansing with soda, soap and water and other means of renovation prove most efficient means for terminal disinfection.

QUARANTINE

Most cities conform to similar standards. In *diphtheria*, two consecutive negative cultures, taken at least twenty-four hours apart and reported upon by the city laboratory, are necessary for release from quarantine. New York specifies a twelve day minimum period. Cleveland enforces an eight day rule; negative cultures from contacts

are also required. Although there are decided advantages to such a ruling, other cities make no such limitations.

For *scarlet fever*, the period of quarantine ranges from three weeks (Providence), tentative upon the absence of discharge from ears, nose or throat, to five weeks, (Chicago). At Cleveland City Hospital return cases of scarlatina have been experienced after a return home from a rigid quarantine of as long as six weeks. Most cities have discarded "peeling" as a basis of release.

In *measles*, the period ranges from forty hours after the temperature becomes normal (Chicago) to eight days after the eruption appears (Cleveland).

There is greater disparity in the methods employed in the *minor contagious diseases*—German measles, mumps, whooping-cough and chicken-pox, but these are less essential and are not very rigidly quarantined.

The granting of work and school permits forms a troublesome, complex problem. It is quite generally conceded among health departments that adults who do not handle food or whose work does not bring them in contact with children, be granted work permits. Some cities still demand that the adult leave home during the quarantine unless a trained nurse be employed. Health departments are not so lax, though, where they have to deal with serious contagious diseases, such as smallpox and anterior poliomyelitis.

In most instances, in the major contagious diseases which confer immunity (measles, scarlet fever, etc.), children having had the disease may return to school at once. If they have not been immunized by previous attack, they are quarantined for the full incubation period of the disease, *i.e.*, the period of apparent health which occurs between the time of infection and the appearance of symptoms. In case of diphtheria, most cities allow a return to school if satisfactorily immunized with antitoxin and a nose and throat culture is negative and there is no further contact with the disease.

COMPULSORY HOSPITAL CARE

Where quarantine is not or cannot be carried out properly and the patient is a menace to the community, the patient is removed to the hospital, using force if necessary. All authorities are agreed upon this rule.

MINOR CONTAGIOUS DISEASES

In the minor contagious diseases (German measles, mumps, whooping-cough and chicken-pox), only the sick child is excluded from school.

As the incubation periods of these diseases are quite long, it is rather confusing when contact cases appear weeks after the primal case. The periods of incubation are: German measles, two weeks; mumps, three weeks; chicken-pox, two weeks; whooping-cough, two weeks.

The length of quarantine in most cases is just sufficient to cover all signs of the disease.

CONTACT

Since a "contact" is a person exposed to the disease and the incubation period is the period between infection and the appearance of symptoms, it follows that "contacts" in the major contagious diseases are quarantined for the length of the incubation period of the attacking disease.

These periods are: Diphtheria, one to five days; scarlatina, two to five days; measles, twelve to fourteen days; cerebro-spinal meningitis, one to five days; acute poliomyelitis, two to five days.

Although the public universally has come to regard health departments as hard masters, reading between the lines it can be readily seen from the foregoing data that authorities are doing their utmost to prevent hardship and discomfort among quarantined families—that they lean towards methods of relieving discomfort, at times even at the expense of risking a little scientifically.

CARING FOR CONTAGIOUS CASES IN DISTRICT I, CLEVELAND

By PEARL KAMERER

[Note: No. 1 District in Cleveland was set aside for an experiment of one nurse to the home. The nursing staff is composed of a Supervisor and seven field nurses; each field nurse having a sub-district in which she is responsible for every family and where she cares for every form of illness which may occur within these families. During the month of January 1917 these seven nurses had a total of 1414 patients on their calling list, or an average of 177 patients per nurse, and made a total of 876 visits, making an average of 4 visits to each patient. During this same month 13 prophylactic child hygiene and 18 tuberculosis clinics were conducted in the health dispensary, with one or two nurses in charge of each clinic, depending upon the size of the clinic. There was a clinical attendance of 169 tuberculosis patients and 141 babies, making a total attendance of 310 patients. The nurses called at the dispensary twice a day in order to receive new calls and to dictate upon the calls made the day before and to do the usual office duties, comprising telephoning, recording, etc. They take contagious diseases with the other calls and proceed to call upon all patients who need them.]

In District 1 in Cleveland, the nurse cares for contagious diseases along with the general, the infant hygiene and the tuberculosis cases in her district. The nurse quarantines and lifts quarantine by order of the Division of Health in all contagious cases except smallpox and infantile paralysis. These cases are managed entirely by the sanitary officers.

Communicable diseases are reportable to the Division of Health. In visiting these contagious cases the nurse protects herself with a gown upon entering the house, investigates concerning the patient's room, the other rooms occupied by the family, the plumbing, the entrance used, the milk and water supply and the contact of pets, such as dogs and cats. Inquiry is made as to the occupation pursued by any member of the family, and, if the patient is properly isolated, working permits are issued in most cases, except to those working in contact with garments, food stuffs, offices and school; in case of scarlet fever or diphtheria, anyone wishing to continue such work must have a thorough bath, their clothing must be sprayed with formaldehyde, and they must go elsewhere to live until quarantine is ended. These are the general regulations; the rules applying to particular diseases are as follows, in addition to the general regulations:

In scarlet fever, children who have had the disease and whose physician can verify that fact, may (after a thorough bath and the spraying

of their clothing) go elsewhere to live and attend school. Children who have not had scarlet fever either remain home in quarantine or have their clothing sprayed and may go elsewhere to live, but the house where they go is then quarantined for 7 days with a scarlet fever exposure sign. Milk bottles must be kept in the house until quarantine is lifted, then boiled and returned. Purchases must be made by someone outside the house and left at the door. If the patient is taken to the hospital the house is fumigated with formaldehyde gas and the family remain in quarantine 7 days. The nurse, when notified by the Division of Health to lift quarantine, calls, inquires concerning the patient and other members of the family, instructs as to the proper cleaning of the rooms, the boiling and washing of dishes and clothing used by the patient, and if everything seems satisfactory the card is removed and work and school permits are given to those who have been in quarantine.

The Division of Health receives a routine report from the nurse when the house is quarantined, also when the quarantine is lifted.

In diphtheria the same routine is followed, except that those who have been in contact with the patient have a nose and throat culture taken and remain in quarantine until the following day. If the culture is negative and if isolation of the patient is satisfactory, those employed are given a work permit and may go to and from the home, unless they are working in contact with garments, food stuffs, offices and schools, in which case the rule that they must live away from home until quarantine is lifted is enforced. Children with a negative nose and throat culture may live away from home and attend school. No release cultures are accepted until 8 days after diagnosis, then the private physician or the nurse calls and takes a nose and throat culture of the patient, if this returns negative, another nose and throat culture of the patient and those who have been directly in contact with the patient is taken about twenty-four hours after the first culture. When these cultures return negative the nurse calls and follows the same procedure as in scarlet fever before removing the card.

In measles a similar home investigation is made as in scarlet fever and diphtheria. Work permits are issued to all adults. Children who have had measles are given school permits and allowed to attend school. Strict isolation of the patient is urged. The Division of Health notifies when the quarantine is to be lifted, and the nurse, after the usual investigation and instruction as to the cleaning of the house, boiling of dishes and clothing used by the patient, removes the card.

In chicken-pox, whooping-cough, mumps and typhoid fever only

the patient is quarantined, all other members of the family being allowed to return to work or to school. The Division of Health notifies when quarantine may be removed and the nurse gives similar instruction as in diphtheria cases.

When calling in the homes where there is contagion the nurse tries to impress upon the people the seriousness of measles, whooping-cough, mumps and chicken pox, as well as smallpox, scarlet fever and diphtheria, and tries to educate them to the fact that complete isolation, careful handling of excretion and the abundant use of soap and water will do more to prevent contagion than anything else.

The following are sample incidents from the day's work of a nurse in District 1.

Miss B. was assured of a busy day as she copied the new calls from the Call Book, among which were:

Rose and Mary T.—Diphtheria, reported by district physician.

Jack Z.—Measles, reported by Dr. L.

John M.—Chicken-pox, reported by Dr. S.

An order from Department of Health for diphtheria quarantine to be lifted from the B's home.

An order from Department of Health for mumps quarantine to be lifted from the S. home.

An order from Department of Health for chicken-pox quarantine to be lifted from the C. home.

The T. family of six occupied three rooms on the first floor of a tenement and were well known to the nurse, who had been called there frequently during the year; Rose having had pneumonia, the baby being bottle fed and poorly nourished, and Mrs. T. suspicious of Tb. All the families in the tenement had a number of children who used the hallway as a common playground, and it was rather puzzling to try to care for a diphtheria case under those circumstances. The nurse arranged for Rose and Mary to be placed in the front room, gave general instructions concerning their care and urged the mother to keep the other children in the two remaining rooms. Mr. T., who delivered groceries for a neighboring grocer, had a nose and throat culture taken and remained in quarantine until the following day, when the report of the culture was negative and arrangements were made for him to live with the grocer's family until quarantine was over. A quarantine card was placed on the front of the house, also on the inside door which led from the hallway into their rooms, and the other families in the tenement were warned against visiting the T. family during quarantine.

The Z. family was better located but the nurse was equally anxious over the case, because the mother regarded the sickness as only "measles" and seemed unwilling to give the patient or the other five children exposed the proper care. The quarantine card was placed on the front of the house. The two older children having had measles several years before were given school permits and allowed to return to school. The mother was instructed to keep the other three children at home but in separate rooms from the patient.

Chicken-pox, while classed among the minor infectious diseases and as a rule not difficult to quarantine, caused considerable trouble to the M. family.

Mr. and Mrs. M. and their five year old son lived in two light housekeeping rooms in a large rooming house. The nurse was met at the door by the landlady, who offered a decided protest against having the quarantine card placed on the front of her house,—she was sure it would cause the theatrical troop and a large number of her transients to leave. After considerable telephoning and undue excitement, the nurse accompanied Mrs. M. and patient and secured lodging at a friend's house until after quarantine was over.

In lifting the quarantine of diphtheria, mumps, and chicken-pox cases, the nurse examined the patient, inquired concerning the other members of the family, instructed as to the thorough cleaning of the rooms and the proper boiling and washing of dishes and clothing used by patient, issued school and working permits and removed the quarantine cards.

A SERIES OF TALKS ON PUBLIC HEALTH NURSING

By MARY BEARD

V. PUBLIC HEALTH NURSING AND ITS ADMINISTRATION; MUNICIPAL AND PRIVATE CONTROL[1]

A visit to one of the sub-stations, or local headquarters, of any typical visiting nurse association in any of our large cities reveals certain fundamental facts concerning the organization and administration of health nursing as conducted by private enterprise today. A visit to municipal headquarters for health nursing in the same city will often display some fundamental differences so obvious as to cause the thoughtful visitor to question the reason for such a divergence. It is with this divergence that this paper will deal. The Metropolitan Life Insurance Company is quoted frequently. The purpose in quoting this company as a public health nursing authority worthy of consideration is that, omitting any allusion to its many successful health enterprises, the Metropolitan Life Insurance Company is a very efficient business corporation. Money is used to buy the best article in the market. When the company established a visiting nurse service the standard of nursing determined upon was a very high one. This was because the company wished to get the best possible results. These results have been very remarkable. Any fair-minded study of the figures published can leave no doubt of this. To reduce mortality rates 12.8 per cent in four years, because of visiting nursing, is an achievement of which to be justly proud. The manner in which the company accomplished its results is a matter of serious import to all of us who from one standpoint or another are dealing with the health of any given community through the agency of the public health nurse.

Let us grant a few self-evident facts before we begin:

1. Politics must be divorced from matters of health.
2. Nursing standards must be maintained.
3. There must be no duplication of public and private health work.
4. Private health agencies must recognize State and City authority and should be able to consider themselves only organs or servants of such State and City health authorities.
5. There can be no hard and fast line of demarcation between the function of health nurses under private or under public administration.

[1] Read by Miss Mary Beard at the meeting of the American Public Health Association held in Cincinnati, October 24, 1916.

See New York Health Code, Article III, Section 21, C.:

Every health officer or other official exercising similar duties, by whatever official designation he may be known, shall have power to employ such number of public health nurses as in his judgment may be necessary within the limits of the appropriation made therefor by the city, town or village. They shall work under the direction of the health officer and may be assigned by him to the reduction of infant mortality, the examination or visitation of school children or children excluded from school, the discovery or visitation of cases of tuberculosis, the visitation of the *sick* who may be unable otherwise to secure adequate care, the instruction of members of households in which there is a sick person, or to such other duties as may seem to him appropriate.

See also a pamphlet entitled "Public Health Nursing in Ohio," by Dr. Robert G. Paterson, Director, Division of Public Health Education and Tuberculosis, Ohio State Board of Health, and Miss Helena R. Stewart, Ph.B., R.N., state supervising nurse, Division of Public Health Education and Tuberculosis, Ohio State Board of Health:

In conclusion, we desire to emphasize that the public health nurse, whether employed by a city, county or voluntary organization, is *not* a charity agent. Her work is that of a nurse and a teacher. Further, that while a large part of her work will be gratuitous service in the homes of the sick poor, at the same time she will be at the paid service of self-supporting and self-respecting families. A family whose bread-winner earns from $15 to $30 a week cannot possibly afford to hire a trained nurse to give her whole time to a sick or injured member at home. At the same time such a family is not an object of charity. It can afford and would be willing to pay a fee for a daily visit from the public health nurse and this service should be provided for the people of this State, not only in the large cities but in the remotest rural sections as well. It is the aim and purpose of the State Board of Health, through its Division of Public Health Education and Tuberculosis to aid in the establishment of such a service to the end that those who are now well may learn to keep well, and those who are sick may have the nursing care which their individual needs may demand.

Granting that these five principles are sound, it remains true that there are today many points of divergence when the privately organized, sustained and administered group of nurses suddenly finds itself under municipal control. Let us try to see where this difference lies.

On visiting neighborhood headquarters of a private organization of public health nurses we are met by the Supervising Nurse. She is a woman of good general education, of pleasing personality, of a broad point of view. Added to these qualifications she is a graduate of a good school for nursing connected with some large general hospital and is also a woman trained in public health nursing. Her responsibility is to develop the nursing work in her own area, which is a limited one, and lies around the district headquarters. The idea in creating the

district is to develop work in a neighborhood—as a community—with community interest and support behind it. Her nurses may be few or many as the work demands. They will be doing two things—bedside nursing and health teaching—and always they will be held responsible for a knowledge of the health conditions of the entire family in which they visit—for it is with the family as a unit that the modern public health nurse must deal.

The supervisor, who will receive you, is one of a relatively small group of supervisors. On this small group depends the spirit that will animate the whole. Such supervisors receive as salary a maximum of $1200 a year. It is the lowest salary at which this type of woman can be secured and continued in her position.

Mr. Richard Waterman in an article entitled "Efficiency in Public Health Nursing" quotes a list of fundamental principles of efficiency prepared by Mr. Harrington Emerson, one of the foremost efficiency engineers in the United States.[2] Among these twelve fundamental principles we find:

1. Clearly defined ideals.
2. Common sense.
4. Discipline.
10. Standardized operations.
11. Written standard practice instructions.

To maintain and administer nursing activities under these principles there must be always a *nurse supervisor of nurses.* Time for supervision will be allowed in planning the routine and in considering the salary budget. A supervisor must have leisure to watch over and direct the work of each nurse in her station, to keep frequent office hours—three times a day is not too frequent—at which time she will be free to meet and consult with any neighborhood doctor, social worker, school teacher, policeman, or out of town visitor. Only by such minute supervision and knowledge of her neighborhood can public health nursing grow rapidly or develop evenly and wisely. Her relation to her small group of nurses will be similar to that existing between herself and the superintendent of the nursing staff.

Regular meetings of the supervisors with the superintendent are as necessary a part of the plan of administration as are the regular meetings of the Board at which the superintendent has an opportunity to present the ideas of each branch supervisor. This form of democratic administration goes far to produce the personal sense of a share in shaping the policy of the Association.

[2] Published in PUBLIC HEALTH NURSE QUARTERLY, April, 1915.

Discipline there must be, and a systematic routine, but these without unity of action and very clearly defined ideals do not make an effective force. The nursing force itself will be selected from among nurses who might by personality and preparation become supervisors. It is quite true that when the Metropolitan Life Insurance Company wishes to secure a supervising nurse just such a woman, with just such preparation and experience, is selected. I think I am right in saying that all Dr. Frankel's supervisors at this time came from private associations originally and all are of the type who could pass a competitive examination in public health nursing and get a very creditable standing. This is also true of the Head Nurses in all the privately sustained associations in the large cities of the country. Washington, Boston, New York, Chicago, Philadelphia—all have at the head of the private Visiting Nurse Association a woman recommended by the executive secretary of the National Organization for Public Health Nursing. Dr. Frankel can tell you how many of the Metropolitan Life Insurance Company's supervisors came with like recommendations. All this is merely to show that *it pays* to employ such a superintendent of public health nurses because experience has shown her to be capable of getting good results. For such service it is necessary to pay a salary of $2000 or $3000 a year.

One more essential found both in successful privately administered associations and in the public health nursing of the Metropolitan Life Insurance Company—a close relationship of trust and understanding between the chief administrator and the superintendent of public health nurses. Whether the chief administrator is president of a board, or medical health officer, or third vice-president of the company, this thorough understanding and mutual confidence is a necessity of good public health nursing. Latitude and definite, prescribed rules of procedure must be given to the superintendent. For instance, it must be her duty to engage the members of her staff and her responsibility to dismiss them, for no one else can know what nursing technique, or teaching ability, or general attitude, or social sense they may possess or lack. It is now acknowledged that money is badly spent in employing large groups of health nurses without such adequate, experienced, highly trained nurse supervision. Is it not significant that the Goodrich Tire Company in Akron, Ohio, has now engaged such a woman—a nurse tried and proved—as superintendent of a visiting nurse association in a large manufacturing city—to be at the head of its department of public health, having under her direction not only a staff of thirty-nine nurses but also four doctors who will make physical examinations as part of the general scheme to promote health in industry? It pays

to recognize this principle. It pays in reduced death rates, but even more in prevention of lowered vitality and incapacity in the families the nurses visit.

A visit to local headquarters of a privately managed nursing association will reveal all this if the visitor intelligently questions the supervisor.

How similar would be the revelation accompanying a visit to any municipal nursing organization in the same large city selected for our first visit? Thirty years of experience in public health nursing must surely be of some service as a precedent, and privately organized societies have these thirty years to show for the authority with which they speak. Granted, for the sake of argument, that the following principles established are essential:

First. Adequate supervision of nurses *by a nurse.*

Second. A superintendent of the caliber of a superintendent of privately sustained public health nursing associations.

Third. A relation of mutual confidence and respect between administrator and nurse superintendent with much latitude of action for the nurse superintendent and complete liberty in selecting and dismissing her staff nurses.

In how many municipal organizations shall we find these cardinal principles in evidence?

I know of one, but alas, I know many where they are not in evidence. Toronto, Ontario, has attained a reputation in public health nursing work, a reputation fully deserved. Is it not significant that in Toronto these principles are ably maintained? Why should this be true in Toronto and not true in every large city in the United States? Again and again we hear a moan from an anti-tuberculosis association, for instance, "Oh, yes, our tuberculosis nursing was a credit to the town but the time came when it seemed right to turn it over to the municipal government and now the type of nurse employed is very inferior, the salaries were cut." A knowledge of social conditions to the tuberculosis nurse is as great a necessity as her knowledge of the disease and one cannot get this necessary preparation in the nurse whose salary is "cut" to fit an absurd health budget. With proper *nurse* supervision of nurses the standard could not be lowered. The fault lies partly at the door of the private organization. For many years private organizations, employing visiting nurses, persistently maintained a policy of silence in regard to the excellency of their work. The time has come to break this silence and to proclaim from the housetops that *there are standards* in public health nursing work. If we require further proof than thirty years of disinterested experience gives us we need look no further than to the Metropolitan Life Insurance Company.

Publicity is a modern profession. Privately organized public health nursing associations must cultivate publicity and develop a better educated public opinion on these matters. Through publicity the influence of the private visiting nurse association may be felt in the political affairs governing health administration.

Before blindly accepting standards reached by experience of private societies let us see whether the health work actually accomplished by them is worth while. Recently, in Boston, a comparative study was made dealing with a number of mothers and their babies. A comparison was drawn between mothers receiving certain prenatal care and those in the same wards who did not receive this special attention. The results are interesting. The Instructive District Nursing Association of Boston cares for over 2000 maternity patients annually. This is about one-tenth of all the births in Boston. I will quote from an article which appeared in the *Boston Medical and Surgical Journal.* It is written by Mr. Michael M. Davis, Jr., Ph.D., Director of the Boston Dispensary:

Conclusions

1. A comparison of the death-rate of 731 babies whose mothers received prenatal care in five wards of the City of Boston, during the two years 1914 and 1915, shows that the death-rates were reduced to one-half or one-third those found among babies not receiving prenatal care in these wards during the same period.

2. This reduction is found among babies during the first week of life, during the first month of life and during the first year of life, taken as a whole.

3. The proportion of still-births, in each year, is only half that among the general population.

4. As it is known that only a small proportion of these babies received any other organized medical or nursing supervision, the reduction in death-rate is apparently to be attributed to the prenatal work.

Causes reducing the infant death-rate

It is one thing to show a reduction in death-rates and quite another thing to determine the causes which brought it about. How far are the large reductions in death-rate, indicated by this study, due to the prenatal work? We may be certain that the lowered death-rates during the first week and the first month of life, are not due to postnatal care given by milk stations or other agencies, inasmuch as these practically never reach babies until a later period. The examination made, as stated, of the files of the Baby Hygiene Association, also showed that less than 20 per cent of all the prenatal cases, in either year, were taken care of by that Association. We do not know of any organized agency which did work with any considerable proportion of these prenatal cases in these wards during the two years covered by this study. The nurses of the Boston Department of Health visit all babies shortly after birth. Their influence could not, therefore, exert a different influence in favor of any one group of babies.

The question arises whether the prenatal work *selects* a group of mothers who, for one reason or another, would naturally have unusually healthy babies. Two points may be considered pertinent—the economic condition of the families, and the intelligence of the mothers. As to the first point, the prenatal casesare in fact drawn mostly from families of low income. Patients of any social class are accepted and, as already stated, a certain number of patients of moderate means, employing their private physicians are found among the prenatal cases of the District Nursing Association. But the proportion of families in East and South Boston employing their own private physicians is small, over four-fifths of the cases receiving the medical service practically free through the Boston Lying-In Hospital and other agencies. Generally speaking, then, the economic conditions of the homes are not favorable to a low infant death-rate. As to intelligence, it is probable that women of unusually low intelligence would not seek or be interested in accepting the prenatal work. On the other hand, we have no reason to believe that the mothers who receive prenatal care, represent any higher order of intelligence than the average of their locality. The mixture of nationalities, shown in table 1, indicates that there is no preponderance of any one race group which would suggest any special influence on the death-rate.

One-tenth of all the babies born in Boston is a good number, but judged by the one hundred per cent ideal of health for all it is small and must remain so until legislation gives us health insurance. However, the Boston Instructive District Nursing Association does come into close contact with 75,000 out of Boston's 750,000 people each year—10 per cent of the whole. With so large a number of patients, or the members of the patients' families, much publicity should be given both to methods of public health nursing and to results. Private boards should be far more representative of the public and so exert a greater influence when the health budget for the city is in process of construction, or when any other public health matter is before the people.

Administration in public health nursing matters is by no means a theoretical question. It is becoming one of vital and increasing importance. Health insurance will certainly follow upon our "Workmen's Compensation Law," upon our "Acts for providing for mothers with dependent children." When health insurance comes the great and burning question of the hour will be "how shall we administer it?" Nursing will certainly be included in its benefits. Some of us can remember the great impetus that was given to our private visiting nursing associations when the Metropolitan Life Insurance Company made nursing care the right of its industrial policy holders. Think what it will mean to have 100 per cent impetus given in every locality where nurses work! It is worth consideration. Of 1038 patients under our care in Boston one day this year the patients were divided as to income groups as follows:

Under $12	370
$12 to $15	359
$16 to $20	167
$20 or over	142

Health insurance will cover a very large percentage of all our patients. It is worthy of our most effective efforts—this administrative problem. Before it comes let us have something ready for its demands. Compulsory health insurance includes every one under a stated income; contributory health insurance means an equal voice of workman and employer in the expenditure of the funds. What "unit" from a nursing standpoint can we prepare against this future demand? The health centre might be a practical solution of many administrative difficulties in nursing under a health insurance act. First, for the success of a health center, we must follow the advice given by Governor Whitman at the annual meeting of the American Asociation for Public Health—"we must divorce health from politics." In a few words the health center idea implies a unit of the population with intent to reach the health interests of every man, woman and child in this given area. Second, it implies the harmonious working under one roof of all private and public health agencies in the neighborhood, together with many allied social organizations. The states of Ohio and New York recognize no sharp line where sick nursing ends and health nursing begins. For instance, in Dayton, Ohio, the various forms of public health nursing are supervised by one nurse superintendent paid from private funds. Under her direction are nurses whose salaries are paid either by the city or by private health enterprise. These nurses—all belonging to one staff, wearing one uniform, conforming to one standard—perform the functions of a health nurse in all the homes they visit, collecting fees where fees are available and giving free service where they may not be collected. The results of this experiment seem to indicate that in Dayton, Ohio, at least, it is a desirable way to administer public health nursing. An administrative Public Health Nursing Unit is established under this plan having both curative and educative nursing for its objective. The expectant mother will have

1. Prenatal nursing, and later
2. Post partum nursing and
3. Well-baby nursing.
4. School nursing will follow.
5. Tuberculosis nursing will be the nurse's regular responsibility, and last
6. Bedside nursing will be the nurse's privilege and duty whenever it is necessary.

Success of such a center, and by success we mean a greater measure of success than could attend the working of any one agency by itself, is dependent upon putting into practice the principles we have been considering.

There must be

I. A properly qualified nurse superintendent. Such preparation will be necessary for her as private organizations and the Metropolitan Life Insurance Company have for some time recognized. Several universities offer courses in public health nursing which help to fit this nurse Superintendent for her work.

II. Close relation to medical officers of health, i.e., governing board.

Privately controlled nursing associations have a moral responsibility to make known the standards of public health nursing so faithfully built up over a period of many years. The public should, by every means at the command of the directors of the privately controlled nursing association, be informed of the necessity for these standards.

Newspaper publicity is one means of focussing attention and educating public opinion and should be used for this purpose. The private society must spend money if necessary to educate public opinion to know what constitutes good nursing care and how it may be assured.

In hospitals a superintendent of nurses has for many years been considered essential to good nursing care. No less is this true in public health nursing and yet no protest is made when a group of city-paid nurses is left to the direction of a doctor who knows little of nursing, less of social conditions, and nothing at all of public health nursing standards.

Private organizations have learned this by years of experience, the Metropolitan Life Insurance Company has found this experience valuable and spends a large sum of money each year for such supervision of nurses. Let the private society put aside its policy of modest silence in regard to its work and let it now take its part in securing the best possible administrative policy for the visiting nursing done under municipal control. Only an educated public opinion can secure this reform.

THE WORK OF THE SOCIAL SERVICE DEPARTMENT OF A LARGE MANUFACTURING COMPANY

By GERTRUDE KINZER

"Upon these four cornerstones, Justice, Coöperation, Economy, Energy, we, the employees of the Printz-Biederman Company shall build a harmonious relationship amongst ourselves—between ourselves and our employers—between our house and our retail associates, and between our own handiwork and the woman who wears a 'Printzess.'"

This is a part of the declaration of principles and constitution of the employees comprising the Printzess organization and it is quite a natural inference that a group of workers who subscribe to such a code will at all times aim at and work for the best ends and purposes, and express themselves to the best effect in their work, in their environment and in their relationships. Such an attitude makes for proper working conditions in sanitation, ventilation, lighting—for respect for self and others, adequate wages, decent hours and, finally, for a product that is a credit to the maker and a source of satisfaction to the user.

Between eight and nine hundred people are kept busy on an average of fifty weeks a year, which is rather an unusual record for the cloak industry. Employees come from all parts of the city and suburbs and from all types of homes. No special nationality is represented, rather a mixture of all nations. We have many American, also Bohemian, Hungarian and Russian girls and boys, but we have also with us the Hawaiian, Philippino, Cuban and Negro. Employees' ages range from sixteen to seventy—we are, in fact, a cosmopolitan city all our own.

With such a large group of people the question of industrial nursing has found a place and has proven a benefit both to the management and employees. Having this as its aim, the company turned to the Visiting Nurse Association to recommend a registered nurse, who has also had practical training in social service.

While the ideals of industrial nursing must always be the same, the needs of each particular industry vary and the nurse must adapt herself to her own particular field.

The Printz-Biederman Company has a carefully organized social service department, which coöperates with the employment department by supplying it with all reports of interviews with new employees on the pay-roll, habitual tardiness, absence, and also of home visits. It

THE LIBRARY

THE DISPENSARY

takes particular interest in Printzess branch of the Public Library, which is maintained in the office of the social service department, where books may be obtained and exchanged during the noon hour.

Adjoining this office is the dispensary, where treatment may be received during the hours from 7.30 a.m. to 5.00 p.m. The plan by which this work is carried on can possibly be better understood by following the daily routine of the nurse in charge.

Hours on duty from 8 a.m. to 5 p.m. with one hour for lunch.

8 to 11 a.m. Look over dispensary card for previous day. Write up home visits. Care for minor dressings and illness.

THE "PRINTZESS" CAR

11 to 11.30. Lunch in Printzess cafeteria.

11.30 to 12.15. Library. Assistant does clerical work, and nurse helps girls select books.

12.15 to 1. Dispensary continues. At 1 o'clock dispensary is turned over to assistant, who has had first-aid training.

After 1 p.m. All new employees are interviewed by nurse. After interviews, home visits.

Special days have, in addition, their special duties. One morning a week the collector for saving fund calls and the nurse must see that all local secretaries turn in their money and stamps; another day a special meeting of the "Senate" is held—for the employees have a

regular form of self-government, consisting of a senate and house of representatives which meet each week "for the consideration of such matters as have to do with the betterment of conditions in and about the plant" and the general well being of the employees; then there is the Welfare Committee meeting, where matters concerning the welfare of employees are considered and adjusted in the manner thought best by this committee. Being in close touch with the employment manager, factory superintendent, cafeteria head and employees, the nurse need not wait for a meeting, but keeps her slate clean at all times, by taking these matters up when brought to her notice.

Dispensary is in charge of a graduate nurse who acts as big sister to all employees, and always tries to find the cause of illness and remove it if possible. Sometimes girls have troubles at home and a little advice and sympathy helps a great deal. The nurse is expected to be a mediator between employer and employee, and by obtaining the sentiment of the latter can enable the former to take wise and helpful action.

The work is rendered more heavy, of course, by the necessity of caring not only for accidents during working hours, but also for those received in many ways at home; these minor hurts are all brought to the nurse for care, and this adds considerably to the dispensary work.

The treatments in the dispensary are slight, such as for cramps, headache, toothache, earache, burns and occasionally a needle case; only simple home remedies are used. If patients do not respond to such treatment, they are sent to their family physician; as serious accidents are rare, there is no regular doctor in attendance, but the nurse is authorized to call a physician at any time.

Library. A branch of the Cleveland Public Library is maintained in this establishment, and between four and five hundred books are given out each month. The girls enjoy the library hour very much. In addition to the Public Library there is a Printzess Library which consists of books donated by different members of the firm, and also by a number of the employees. A report of the classified circulation of books for one month is interesting.

Philology	1
Philosophy	4
Religion	1
Sociology	5
Travel	3
Science	1
Useful arts	4
Fine arts	6
Literature	6
Adult fiction	390

Juvenile fiction	4
Bohemian	13
French	3
German	16
Hungarian	15
Italian	4
Polish	7
Roumanian	5
Printzess	19
	507

Entertainments. A series of three or four parties are given each winter, and during the past season, three were given at the Chamber of Commerce, the last being a masquerade party.

Holiday. Every summer there is a general holiday known as "Printzess Day" when the entire organization goes out for a picnic.

Sports. There are baseball and bowling teams and a tennis tournament is held every summer.

Savings fund. The Printzess branch of the vacation savings fund is one of the newest as well as the largest branches. The stamp system is used, a stamp being given which is equivalent in amount to the money collected. There are 13 local secretaries who collect every Monday at noon. They are allowed fifteen minutes extra time at noon for clerical work. The collections range from $40 to $100 a week, at present we have over 300 members.

The Library is also used as an extra rest-room during the noon hour, and girls who do not care to stay down stairs crochet and do fancy work in the library.

Interviews. A list of new employees is sent to the social service department daily, and the nurse interviews each one, and explains the few rules of the place, and tells of its advantages. This interview at once gives the employee an opportunity to become acquainted with the nurse, who is thus introduced as a friend from the beginning.

Home visits. After all the new employees have been interviewed, the nurse goes out in her Ford car to call on as many of the absentees as possible. A list of absentees of all departments is brought to the nurse's office each morning, and it is her aim to call on all who are absent. Usually the absent ones are sick, and the nurse makes all calls with this thought in mind. She uses her own judgment regarding friendly calls. If a visit to a mother and new babe will ease a man's mind she goes, and quite often can instruct the mother. In case of death in the immediate family of any employee the nurse calls to see if she can be of any service, or if the help of the firm is needed in any way.

If a girl is absent for a few days and fails to receive a call from the nurse she feels slighted, and since the homes are all over the city, and often lie some distance from the street car line it is not always possible to call on every absentee; this situation has been helped very much by the Ford car.

Cooperation. The nurse, through her social training and acquaintance with the various agencies of the city, is able to coöperate with the Department of Health and the benefit associations outside the factory, whenever they can be of use to the employees or to their families.

Records. A record of dispensary treatments is kept on file. Each person coming to the dispensary for treatment has his own card. Home visits are also recorded on National Organization for Public Health Nursing cards, also in a call book. Interviews are recorded in a loose leaf book on blanks provided for the purpose, with plenty of space for extra information from time to time; as these interviews and home visits are of a confidential nature no one has access to them except the nurse and social service head.

Quitters' File. After an employee leaves, all records together with a note of the cause for leaving are placed in a large envelop and filed away for future reference.

It is the aim of this department to build a good foundation for this work, so that the principles of industrial health nursing may be realized.

The cafeteria department[1] is in charge of a dietitian who coöperates whenever possible with the other branches of the social service. In an establishment the size of the Printzess organization there at once arises difficulty in satisfying many different tastes. For a great many employees the daily luncheon is the chief meal—and to have this consist of only light foods would, therefore, be a great mistake. Then, in supplying a nourishing, substantial diet there again arises the danger of making this too heavy and thus causing a lagging condition, which of necessity will decrease ability as well as the inclination to do good work. And so a great deal of study must be given to the planning of the daily menu card, to make it at once appealing to the various tastes of the employees, and at the same time be of the necessary food value, without giving rise to various disorders which may come from a heavy diet for individuals leading a more or less sedentary life.

The cafeteria proper occupies about 8500 square feet of floor space. Here it is possible to seat 675 employees at one time. Each employee has an assigned place at a table, where he or she may place a lunch if brought from home. By this plan the lunches are kept out of the

[1] This portion of the paper has been written in coöperation with Miss H. E. Koester, trained dietitian in charge of the cafeteria department.

lockers, and it is made possible to have the locker rooms in a clean and sanitary condition.

The well equipped kitchen is located in the center of the cafeteria. With the aid of such labor-saving devices as a bread-cutter, potato peeler and dishwasher, the labor has been reduced to a minimum. The dishwasher has been found especially valuable, since it cleanses the dishes in a very sanitary manner.

It was found to be much more convenient to have a small kitchen, thus eliminating many unnecessary steps; in this way the small space is used to its best advantage and all equipment is so placed as to give maximum service.

The serving counters are at either side of the kitchen, so arranged that a line of employees passes down either side of each counter—making four lines of employees being served at the same time. In this way between 500 and 550 employees are served in seventeen minutes.

Trays, silver and napkins are at one end of the serving counter; from here persons pass along to coffee, meat, potatoes, vegetables and dessert; at the end of the counter the cashier figures up the amount of the lunch; payment is in cash. Approximately 22 gallons of coffee and 20 gallons of soup are used daily.

Some prices on our menu card are as follows:

Soup	$0.04	Pie	$0.04
Meat	.07	Cake	.03
Potatoes	.05		.04
Vegetables	.04	Ice cream	.04
	.05	Oranges	.03
Bread	.01	Apples according to size	.01
Butter	.01	Bananas	.02
Macaroni	.04	Milk	.03
Baked beans	.05	Tea	
Sandwiches	.05	Coffee	

Prices are set in order to cover the actual cost of food and labor. Overhead charges such as heat, light, rent, equipment are not considered in making up the above prices.

It may readily be seen that meat, potatoes, a vegetable, bread and butter, coffee and dessert may be purchased for as little as 20 cents. This, however, is a more elaborate lunch than most people care for.

Rest room. At one end of the dining room is the girls' rest room, where the piano and easy chairs add to the comfort of the employees. The men's smoking room is at the opposite end of the dining room.

Towels and aprons. For a deposit of fifteen cents an employee receives a towel, which may be exchanged for a clean one twice a week,

at the lunch hour. When the towel is finally returned, the money is refunded.

Girls may also purchase working aprons at cost, and have them laundered twice a week, free of charge.

Lockers. Steel lockers are provided for all employees. These are disinfected once every month. Two persons are assigned to each locker, each one having a key.

Orchestra. The Printzess Orchestra entertains the employees in the dining room every Thursday during the lunch hour. Special music is arranged for holidays.

Nursing service in industrial organizations has opened many opportunities for the development of latent ability; the contact with varied groups of people is in itself a liberal education, and the knowledge of the things which affect their lives and re-act upon their work is illuminating. The privilege of working with a progressive business organization affords a further opportunity for development.

After observing the lives of girls and boys connected with a large industrial plant one concludes that work, under proper conditions, is quite as wholesome and developing when done in a factory as when performed in some other kind of business.

Industrial nursing supplies a very human link between the employer and the employee, and it is for this privilege of just interpretation of the view-point of each that the nurse is especially grateful.

COUNTRY-WIDE DEMAND FOR SOCIALLY TRAINED NURSES

Positions of Various Sorts in Many Communities Are Waiting for Properly Trained Workers

Part I

By CECILIA A. EVANS

Some six or seven years ago, a lecturer and well-known director of social service work made the statement in public that nurses had no social view point and did not make good social workers. This remark brought forth considerable consternation from the nurses, but with it a few scattering admissions that, scientifically speaking, this was more or less true. We were resentful because the speaker placed at the disposal of lay social workers a "ready-made" statement which has been overworked on every occasion since, and which has given the nurse the reputation of being narrow and short-sighted in her vision. We were grateful to the speaker, on the other hand, because we learned of our short-comings and what was being thought of us in the field in which there seemed to be a real demand for our services.

From the outset there was no criticism of the actual nursing done, but of the fact that the nurse seemed to see "only her patient" and to regard the facts which she knew concerning his condition as strictly confidential and unrelated to the big underlying causes not only of illness, but of poverty, crime and other social ills.

As a matter of fact, there was no provision made in the training of the nurse a few years ago whereby she could know the principles of social science, and even today there is little offered beyond a general outline of the problems found outside the hospital walls. Three years is all too short, as it is, to get the medical training which the woman who wishes to become a good nurse is in quest of. Several training schools, however, have arranged with the visiting nurse association in their city for a two or three months' course in field work, with some lectures, which is designed to give the students an appreciation of the problems as well as of the opportunities in social work.

Fortunately for the nursing profession there were far-sighted women in the profession, as well as devoted friends outside, who, realizing the imperative need for nurses in the social service field set about providing schools for the preparation of nurses for social work. The vision of

these women is shown in the establishment of these courses from the beginning in connection with universities. Teachers College, Columbia University, in 1910 was the first to offer such a course; the program included courses in sociology, principles and procedures of public health nursing, municipal sanitation, family rehabilitation, statistical methods, nutrition, and other courses, all of which were needed to give the nurse a real basis for the understanding of modern social problems. Cleveland established a course to train nurses for social work in 1911, which operated from the first in affiliation with Western Reserve University and with the nursing and other agencies in the city which deal with social problems. Boston started such a course in affiliation with Simmons College in 1912; and Phipps Institute with the University of Pennsylvania in 1913. Since that time various other courses have been established in different parts of the country.

At no previous time have there been such opportunities for the graduate nurse with social training as there is today. Medical social workers are in demand on every hand and lucrative salaries are being offered to women properly prepared. Public health organizations are springing up throughout the country, and the demand for socially trained nurses is growing greater each year. In fact, it is impossible to fill the positions now open, and communities are waiting until they do find the women who can be expected to do the work satisfactorily.

For the sake of the work, which should be well done if attempted at all, it behooves the nurse to make the effort to get this special preparation; and not only will it fit her to serve a community more efficiently than she otherwise could do, but to herself, also, a year of study will be found both refreshing and inspiring.

Part II

By M. JOSEPHINE SMITH

That the demand for trained public health nurses far exceeds the supply is very clear to associations and boards throughout the country, many of which not only find difficulty in keeping their own staffs supplied with graduates of the required standard, but also receive constant outside appeals for nurses from others who are striving either to organize or to carry on work in this particular field.

The Central Committee on Public Health Nursing in Cleveland is composed of two representatives from each of the several public health nursing divisions in the city, one of whom is the superintendent of nurses for the division, the other a trustee or board member. This

Committee has for several years past been responsible for the appointment of nurses to the various staffs, and besides experiencing its own difficulties in regard to maintaining the full quota of qualified nurses required in Cleveland, it also receives requests for help from other communities throughout the country. Since its experience is typical of that of other large organizations, it should be of interest to nurses who are considering the possibilities of the public health nursing field.

During the past twelve months openings in practically every type of public health nursing have been brought to the attention of the Committee. Visiting Nurse Associations have asked for staff nurses; one was looking for a superintendent; and a superintendent was also required by an Anti-Tuberculosis Association. Many small communities were looking for a nurse either to open up the field or to carry on work already begun; in these cases the nurse would usually be expected to work alone and to undertake all types of nursing, including infant welfare, school nursing, general district work and tuberculosis. The State Board of Health is often the source through which these small communities supply their needs, but the difficulty of meeting the demand is felt by these boards as well as by private organizations and they also have asked help in filling vacancies in rural and semi-rural work, including supervisors for towns of 25,000 and 50,000 population where there were several nurses on the staff. A state tuberculosis association sought for eight nurses at one time, including school nurses, general district nurses and sanatorium nurses.

School nurses have been much in demand; and in several cases the school was intended as the starting point for general public health work in the community. This year, also, there were more requests for nurses to fill industrial positions; one firm asked for several nurses to do educational and investigative work; and a coal company sought a specially well trained woman to introduce instruction and nursing care and to raise the standard of living in the families of the miners, most of whom were foreigners. This request was of particular interest to the committee because it followed upon the appointment of one of the Cleveland staff nurses to a similar post in the neighborhood of this particular mine.

Among the more unusual opportunities offered was that of opening and taking charge of a convalescent home; educational and nursing work amongst the women students of a large college; settlement work in rural Kentucky; one community wanted a pioneer nurse for a few weeks; and, to complete the list, there were two requests from hospitals for social service nurses.

The salaries offered in these diverse positions varied considerably,

of course. Some of the smaller communities seemed likely to fail in their efforts because they did not offer a remuneration sufficient to secure a competent nurse; others, more enlightened, asserted their willingness to pay for the services of a well-trained nurse who could start the work in the right way from the beginning.

From Cleveland nine nurses have gone forth during the year to undertake work of larger opportunity than it was possible to offer them in the city; in all but two cases the salary offered to these nurses was $1200 to commence, usually with a promise of advancement. The committee has recognized its responsibility towards other communities and towards the members of its own staff by trying to place individual nurses in touch with opportunities which seemed suited to their abilities.

In practically all the requests the fact is strongly emphasized that the nurse must have training and experience in the duties which she would be expected to perform; where this was not expressly mentioned it was implicit in the requirements of the position. A nurse is wanted for a small town—"There has been a nurse there before, but she did not prove a succeess and caused a good deal of antagonism; there is another opportunity to do the work, and this time it must not fail"; or again, "We have not had a nurse here and this, our first attempt, must prove a success or we are forever doomed. . . . The nurse would have to install her method and systematize her work unaided, as there would be no one here capable of directing her to any great extent." Another applicant says, "We have just organized a visiting nurse association, and now the question of a suitable nurse comes up . . . . our object is to see how well we can serve our people." In many cases the work is experimental and its continuation absolutely depends upon the success of the pioneer: "Our Board of Education at a recent meeting decided to engage a school nurse for a sufficient length of time to prove the wisdom of the experiment"; or else, "A great many of the people are interested and the one who comes will find warm supporters. We have funds enough ahead to give the work a good trial, and by that time we are sure the worker will be a permanent thing here." Other associations, already established, have learned the value of training: "I believe you know that our standards are high and that we only want those who are well qualified. The salary paid is in accord with the nurse's abilities." And again, "We desire, of course, a woman who has, in addition to the work of a graduate nurse, some special training in school nursing. We are expecting to pay whatever the market demands for one competent." Another appeal says, "We prefer a nurse who has had some social training."

These various demands show the necessity for special training and the fact that people all over the country are awake to its value.

While the salary offered to staff nurses in the large cities does not, at first, seem much worth while to the graduate who sees before her the possibility of larger emolument in the field of private duty, it must be remembered that a period of practical experience on the staff of a large and well-organized association will be of the greatest value to a nurse who is ambitious to undertake executive work or who may later accept a position in which she will be forced to work alone, without an experienced adviser to turn to when difficult problems arise.

And always there is the intrinsic interest of the work—the human contact with all sorts and conditions of people—the opportunity to give help and comfort at a time when they are most needed, and to those who would have no one to whom to turn, but for the nurse—the knowledge that one's labor stretches from the present into the future, and that its object is to lay the foundations of the new as well as to repair the old—the opportunity to build a shrine in the hearts of one's fellow men. Surely these things are worth while!

THE COURSE IN SCHOOL NURSING AT THE CLEVELAND NORMAL SCHOOL

By ANNA LOUISE STANLEY

If an account were kept of the number of nurses who are interested in public health nursing in other cities, towns and rural communities and who come to Cleveland from time to time to observe this work as it is carried on in the various health organizations, and of the numerous inquiries by letter received daily through the mails, I say, if this were made a matter of yearly record, I have no doubt that we should find ourselves somewhat astonished at the figures.

In the division of medical inspection during the school year 1915–1916, which extended over a period of thirty-eight weeks, forty-one nurses visited this department. During the present school year which is about two-thirds completed, thirty-nine nurses have familiarized themselves more or less with the system which obtains in Cleveland.

The length of the visits vary from a few hours to a couple of weeks. Some time ago a visitor came into the office, introduced herself, and said that she had just secured a position as school nurse in ——— and having no experience in the work she had come to spend a month in order to prepare herself for this new field. Few organizations are sufficiently well equipped to provide in the daily routine of things the kind of training this young woman found herself in need of.

In an endeavor to respond to this situation, a course for nurses whose interests lie in this field was established in the normal school in Cleveland during the summer of 1916. This is unique, because it is the first normal school in the country so far as I know, to offer such a course to nurses. To me it seems a logical institution wherein to develop this phase of public health activity, for the reason that both teacher and nurse are brought into close contact with problems that are of vital concern to both.

The subjects offered were designed primarily to give a practical knowledge of school nursing, the hygiene of the school child, covered in a general way, the responsibility of the school with reference to the health of the school child and the health of the community.

In school nursing both theory and practice were given. The outline included discussions of the following topics: the public health movement and necessity for public health nurses, the place of the nurse in the public school system, aims for a department of school nursing, coöperation of teachers, parents, and other organizations,

system of records, work in open air classes, minor ailments, reduction of exclusions, care of skin affections, correction of physical defects, methods of and material for class instruction in personal hygiene. The students spent two hours per week in observation work in the summer elementary schools. This consisted of classroom inspection, treatments, demonstrations, consultations and class teaching in infant hygiene.

The problem of the mentally subnormal child is not the problem of the teacher alone, but one in which the school nurse may render valuable service, provided she is possessed of the knowledge which enables her to give intelligent coöperation. Accordingly, a course was offered in the treatment and training of the typical child, which covered the history of feeble-mindedness and its causes, the classification of feeble-minded children and the methods of instruction. Several excursions were made to institutions directly or indirectly connected with this problem.

In order that the students might acquire a general idea of the nature of work in the other public health organizations a visit was made to each of them and the superintendent of each department was good enough to give an hour to the discussion of her work.

Among the 500 students who registered at the normal school last summer, nine of them were graduate nurses from recognized training schools. Six had had some experience in public health nursing, three of whom were holding responsible positions in school nursing. They represented four states, namely, Ohio, West Virginia, Pennsylvania, and Iowa, and one from Toronto, Canada.

As an experiment, I believe we have reason to feel encouraged over the results that were obtained. Some of the nurses established creditable records for themselves. The spirit of good fellowship between teachers and nurses evinced itself early, so that they all seemed to feel at home in their new surroundings after the first week.

We hope that a foundation has been laid that will prove to be the beginning of a department which will eventually grow stronger and better each year.

THE PLACE OF THE EMOTIONS IN NURSING

By RUTH H. KING

[Editor's Note. This paper was written for the nurse in the hospital, but it applies equally to the nurse in the slums—perhaps more so, for the nurse working among the sick poor finds sadness and desolation added to pain, and the helplessness of poverty added to the helplessness of the sick. In the district she needs above all to keep her balance between emotion as a sentiment and emotion as a motive power.]

There is, I believe, a popular tendency to discredit emotion, an uneasy feeling that emotion and emotionalism are the same, and almost synonymous with sentimentality. Emotion and intellect are thought of as at opposite ends of a see-saw; emotion goes up; then intellect must go down. On the contrary, I am thinking of emotion as the steam in the engine, and mind as the hand on the throttle. Feeling is the moving power, intellect the guiding power. "Sentimentality," as I am using it, has been defined as "the indulgence in emotion for its own sake."

What has this to do with nursing? A nurse works with people, with the stuff which makes emotion. The bookkeeper with her columns of figures, the cotton broker with his stock reports, the merchant, the advertiser, the teacher, all work with people, but in a less personal way. Back rubbing and bed making, hot water bottles and dinner trays make a nurse and patients better acquainted than years of daily meetings in an office could do. In the market, "Business is business" as opposed to personal considerations. But the very business of nursing is personal. A nurse does for her patient what loving and eager friends would do if they had the skill and training. It is not stating the matter too strongly to say that the nurse has taken "being friends" as a vocation. May not then the subject of emotion in nursing concern her most nearly? In this paper, I am not attempting to discuss the patient's emotions! We can only guess at these. But a nurse can use her knowledge of the laws governing feeling for her own best good, and that of her patients.

There are laws as certain as there are laws in an ant hill. Have you ever watched one? At first there seems to be no order, confusion is the guiding principle. But watch for awhile and you will find that the ant hill has habits. Things perfectly trivial from our point of view, but doubtless significant to a psychological ant, happen over and over again. Playing the rôle of this particular ant, and considering our

hill, I see that every time a certain situation arises, a few ants feel one way, others another way and a third group simply doesn't feel. Also I can see blunderings,—one ant, self-conscious, supersensitive, another unreliable, a third stolid. Their work lacks proportion, finish, inspiration. So I wonder, and try to find a logical basis for a tempting theory.

Mr. Winchester has stated it better than I can in saying "Life is determined by the emotions." In this case, "Nursing is determined by the emotions."

A hospital is essentially habit-forming. It intends to be. Routine, long hours, the discipline necessary to a large institution and the traditional subservience to superiors, all these influences are giving a professional "set" to our habits. Less obviously, but just as surely, the fretfulness, selfishness, pain, sorrow, fear, bravery, badness and goodness of our patients is affecting our habits of thinking and feeling. There is a baby whose dressing you must do. It is going to be painful, and the youngster cannot console himself with the knowledge that the dressings are making him better. He watches the preparations with scared and pleading eyes, and little baby whimperings. But the dressing is done. The emotional cost to the child struggling and shrieking with fear or pain, is doubtless great; the cost to the nurse is not slight.

Classifications are as dangerous as they are attractive. However, let us group nurses under three types: those who feel more and act less; those who act more and feel less; and those in whom feeling, thinking and doing are well balanced. If a nurse keeps a sensitiveness to pain and to bravery, to the courage which fights a losing battle and the pitiful weakness which can't fight, if she sympathizes with her patients in the true sense of the word she feels too often and too keenly. If she consciously or unconsciously accustoms herself to their troubles, gets used to even the big things of life, and fails to feel them, she loses the gift of sympathy. If she sympathizes without giving her feeling some practical expression, she weakens will power and character. She may gradually form a habit of feeling Oh! so sorry for Mrs. Jones, but meanwhile someone else remembers that Mrs. Jones likes her coffee without sugar, and another nurse is getting a forgotten drink of water.

The extreme of this type is commented on by James: "There is no more contemptible type of human character than that of the nerveless sentimentalist and dreamer, who spends his life in a weltering sea of sensibility and emotion, but who never does a concrete, manly deed!" A nurse's training certainly tends to make her practical, if she has the germ of practicality in the beginning. But have you never seen a nurse who has gotten "soft" in training, who seems to have lost emo-

tional discrimination, her emotional stream, becoming, as it were, wide, but shallow? She sentimentalizes, is unduly swayed by personality, so that if possible she will comfort the attractive boy with tonsilitis and let some other nurse irrigate the big negro's jaw with its gaping wounds.

And those other nurses who have hardened their hearts to suffering so that they seem to feel almost nothing. "They have lost pity as an emotion, but not as a motive," as Trudeau says. It's Darwin's law of self-preservation, and they are none the less true women for having stifled their feelings. Is the turtle less turtle because he can pull in his head? Few of us could endure the strain of nursing if every unsuccessful operation and every death grieved and depressed us. The best type in this group are business-like and efficient; the worst are machines.

But if a nurse can find and keep the nice balance between emotion and mind, and there are nurses who have done it, and work among us every day never guessing that they are at all wonderful; if she combines an open heart and a clear head, she adds inspiration to efficiency; she gives herself with her work. And the effect on her nursing? She gives positive vitality to her sick people. I cannot explain it, but I have known it. I think it is mostly that she honestly cares tremendously to have her patients get well, so that there is healing in all her ways. Though she takes her work seriously, she is not serious. The best nurse I ever knew was one of the merriest; she was like a spring breeze.

Nursing works great changes in many a girl's attitude toward life, between probation and the black band. Pessimism, worldly cynicism, and a loss of fineness, are the chief dangers, I believe, aside from the danger of losing sympathy. Are there any thoughtful nurses who have gone through training without having hours when faith in a just God was impossible? A religious home and a background of staunch belief probably help us more than we know. Many nurses drift out of indifferent religion and into indifferent disbelief. Constant familiarity with things physical, especially with sin and its consequent miseries, tend to take away the romance of life for us. We "know too much." All places are alike to us, as to Kipling's cat. The best way I know to keep your enthusiasm and a faith in God and man, is to stick tight to the ideals you brought with you. It should not be necessary for me to laugh at jokes which would not be funny to my brothers. "You cannot believe in honor until you have achieved it." "Better keep yourself clean and bright; you are the window through which you must see the world."

Your own best ideals, your sense of what things are big and what are

little—in other words, your sense of humor—are the best touchstones for testing an emotion. Instinctively, we know that a big emotion, an excess of feeling, should have an adequate cause. If it does not spring from worth, it is morbid and sentimental and will find at best, vague and incoherent expression. A nurse who cracks jokes while doing up the body of a dead patient is holding her feelings pretty cheap. The good emotion is not an end in itself, but an inspiration; not a sudden enthusiasm, but a steady incentive to good honest dealings with one's patients.

How can a nurse keep sane and steady and fresh for her work? How avoid a morbidly serious attitude towards life, or on the other hand, superficiality? If she lives in a hospital, and has no interests beside her work, she can't! If she has a hobby or two, be it music, or art, or the difference in the pine-trees, she is saving her soul!

But there is another way of keeping fresh. I know a man who has recently bought an attachment for his automobile, which has some strange and intimate connection with the engine,—machinery is not my hobby—so that, when the engine is running the battery controlling the lights is being charged. "It's the beautiful economy of the thing," says he, with a pleased grin. Well, if we can charge our batteries as we go, we save time and strength, and get "more light for nothing." There is a very simple way. I came upon it quite by accident, and find it difficult to express. It is by keeping your mind and your fine senses alive to anything beautiful which may come over your way, whether it is the streak of sunshine in a patient's hair, or her chrysanthemums; it may be the breeze on the porch as you go out to take a temperature, or the erect and swinging stride of a doctor through the corridor. Whatever it is, realize it, give yourself up to it for an instant, and it is cold water on a dusty road, if you are tired or cross or confused. Beauty is a vital feeling of delight, "a thrilling sense of conscious life" and every day there must be so much beauty which we are too blindly busy to notice.

A SERIES OF LECTURES ON PUBLIC HEALTH NURSING. FOR STUDENT NURSES

By CECILIA A. EVANS

II. THE SOCIAL ASPECT OF PUBLIC HEALTH NURSING

The public health nurse knows her family best through her visits to the home. It matters little whether she is the only nurse in a small community or one of many nurses in several special departments in a city, the aim which she has for visiting the home is practically the same. No longer does she visit in the interest of one member, but of the entire family.

If she visits from the schools she goes presumably in the interest of a particular school child, but incidentally she discovers what may be the matter physically with other members of the family and refers them to the proper nursing bureau. If she is a nurse from the infant welfare station, from the tuberculosis clinic in the district, from the social service department of a hospital or from some industrial plant, she cares for or inquires specially concerning the person whom she goes to see, but she considers it very much her duty to find out what the health of the entire family is. Whatever lies outside her field she refers to the bureau prepared to care for such cases.

The nurse with social training and experience will inquire tactfully for what she cannot learn by observation and usually she gets the truth about the trouble.

The things which the nurse asks about or observes concerning the health of a family are:

1. When did the patient become ill?
2. What is the nature of the illness?
3. If in bed, since when?
4. What physician or physicians have been called?
5. What is the diagnosis? complication? prognosis?
   (This may be obtained from the family, but usually from the doctor)
6. Who gives the nursing care?
7. How adequate is it?
8. Facilities in the home for the care of the patient?
9. Attitude of family toward patient? vice versa.
10. Physical, mental and moral environment?

When a nurse has dealt as intelligently as possible with the health

situation, she has then considered only *one* of the important factors in the normal life of that family. Social science teaches us that the other factors in normal life are employment, education, recreation and the spiritual life. These factors must be understood not only for their own importance but because they affect, as well as reflect, the health of the family. A knowledge, then, of these fundamentals is the basis for all kinds of public health nursing as well as for other forms of social work.

Having considered the factor of health in normal life, which even lay social workers are regarding more and more as practically the most important one, we shall consider next the subject of employment. For all but a very few people employment is necessary for the very existence of life and the family. Work for existence alone, however, would not be worth the effort if it did not provide for the enjoyment of life as well. We see too often families who might well ask if the returns are worth the struggle.

To know the working conditions, then, is the business of the public health nurse, so far as they jeopardize the health of the individual or the family. Some of the things which we ask or observe concerning employment are as follows:

1. With what company is the breadwinner employed?
2. What specific kind of work does he do?
3. Number of hours employed?
4. Which hours—day or night?
5. General sanitary conditions: provision for protection from dust, chemicals, extreme cold, extreme heat. Provisions for washing, eating, light and ventilation.
6. Is he skilled in any line of work?
7. Is his work regular?
8. Is he happy in it?
9. Income, and how far does it go?

New nurses often return to the station at the end of the day with a general statement concerning occupation as follows: "Laborer," "City employee," "Works in a tailor shop," "Works on Railroad," etc., while in reality it is necessary to know in what division of these highly organized industries the man works. There are desirable and undesirable positions in all. The man in the tailor shop, for instance, who operates the knife which cuts through 1½ feet of cloth at one stroke does work which exacts more nervous energy than is exacted of the man who is a presser. Likewise the railroad engineer has a very different sort of responsibility and income from the section hand. And so with the occupation "clerk" in store: we do not know if the girl is working on

the upper well-ventilated floors in the suit department, or in the basement with its stuffy air and artificial lights.

Trades vary greatly with regard to health hazards and already many industries themselves, as well as the state, are safeguarding the health of the workers. Even yet, however, there are dusty and dangerous trades where little provision is made, when the law is not watchful, for health protection.

Hours of labor are more or less standardized now, or at least are much more so than they were. A matter of considerable concern, however, is during which of the twenty-four hours is the worker employed. In night work, such as that of watchman, the strain is great on the family as well as on the man. One woman said not long ago that her husband had been night watchman at a certain post for five consecutive years and that she had done practically all her housework in those years on "tip-toe." Some days it seemed as if she would surely scream, throw dishes or do something equally drastic, so monotonous and abnormal was their home life.

The hazards of industry in which men are employed require our attention still further, but even more so do the industries that employ women and children. In our midst we find women working at top speed in certain industries, trying to earn as much as $2.20 per day; while others carry garments to and from garment factories to work on at home for a mere pittance. Children are found on the streets at night and early morning selling papers, gums, etc., while others assist in sweat shop work at home when they should be sleeping. Such matters, when observed by the nurse, most not pass unnoticed, for has she not assumed the responsibility for the protection of the health of the community and the race as far as she is able?

The education of the family has been found to be so important that several states have assumed the responsibility. There are states without compulsory education laws yet, but the majority have them and enforce them. Then what is it that the nurse needs to know about education? First of all, she is able even on her first visit to discover the degree of literacy and intelligence found in the home. She discovers what interest the parent and children take in the work at school and lends her mite to encourage them. She learns of the educational advantages of the parents and of those they had dreamed of, which are often an indication of what they are or *could* become. Artists have been discovered in the coal-mine and scullery, and there may be some who are digging our ditches and scrubbing our floors today.

We should not lose an opportunity to encourage our foreign people, men and women alike, to learn our language. For they are separated

from their own children as if by a gulf if they do not make some effort to learn the language which their children use so freely.

The public health nurse, like other social workers, inquires what school the children attend and their grades in school, because both are important facts; the one because it is necessary to confer with the principal and teacher in any family plan, and the other, because a child's grade sometimes is an indication of his physical health as well as of his intellect.

Recreation is another important factor in normal life. Despite the fact that its importance is underrated by some, there is every indication from the present order of things that we should consider the matter seriously. The time seems ripe for the family to consider the proper amount and kind of recreation, as it does the kind and amount of food. It is not enough that more time be given to recreation but also that a wise expenditure of that time be made.

Some of the questions which we ask ourselves concerning recreation are:

1. What kind does the family enjoy?
2. Where obtained?
3. Time spent in recreation?
4. Influence for good or evil?
5. Direct effect?
6. Cost?

Recreation experts tell us that we are lovers of passive amusement and are content to sit and be entertained. For those engaged in active work, it may be adequate, perhaps, but for those in sedentary positions the opposite is true. Children should be educated to know how to counteract whatever kind of work they do with the proper kind of recreation, so as to get the most out of their hours of leisure.

The nurse should be able to instruct parents concerning the influence of certain types of recreation on the intellectual and emotional as well as on the physical development of the child. Experts believe that good and wholesome tastes can be cultivated for the expenditure of lesiure time and that boys and girls should be carefully guided until the ability to choose wisely is established.

Older people on the other hand need to be encouraged to stop work occasionally and play. Especially does the mother in the family need this, for she frequently permits the home duties to completely crowd out any thought about her own enjoyment or self improvement, with the result sometimes that her disposition becomes sordid, and melancholia may even develop.

The last factor for consideration in normal life is designated by

some as the spiritual life and by others as the higher life. By this we mean the instinct of religion. Families who have no trace of reverence or desire to worship are not normal; at least it is generally conceded that every normal being manifests this instinct in some way. As nurses, we are not taught to concern ourselves with the spiritual side of our patient's lives but there are times when the least we can do is to inquire if they have any church affiliations and to ask if we can assist in any way to get them in touch with their religious leader. It is not our concern at all what the creed or faith is and under no circumstances does a public health nurse interfere in one's religious belief, any more than would a nurse in the hospital.

A consideration of the factors in normal life occupies a semester's time in universities and even then there are ramifications of the subject that could well be treated more intensively. For our purposes, we have endeavored to get simply an appreciation of the subject in order to get the distinguishing features of social nursing as contrasted with that of institutional work.

You will observe then that two of the fundamental principles in social nursing are:

1. That the unit for consideration is the family.
2. That the family is to be studied from all angles: namely, health, employment, education, recreation and the spiritual life.

The above are among the cardinal principles which underlie every form of social work, and which assist in determining the diagnosis of social problems.

With such a common substantial basis the *special* departments of public health nursing tend to become more closely united into one great whole, which is able to contribute its part to social reform.

SCHOOL NURSING IN A SMALL TOWN

By AMY F. LOWE

School nursing in a small town has very much the same problems as in a large city, only very often they have to be dealt with differently.

In a large city school nursing is usually under the control of the board of health, and some small towns have adopted the same system; but more often it is under the control of the school board and directed by a special committee on hygiene. Both systems have their advantages and disadvantages. If the city has control the nurse is more likely to have the help of a medical inspector on whom she can call at any time and to whom she can refer all questionable cases; she is directly responsible to the board of health for all she does, and they are her court of last appeal when necessary. A medical inspector will greatly lighten the nurse's work, by doing the physical inspections and making daily calls at the schools to diagnose suspicious cases.

When the school board has control of the work the nurse has to be her own medical inspector, though she may not claim that title. As inspector of hygiene she will do, to all intents and purposes, the same work that a medical inspector does. By this method she knows her follow-up cases at first hand, and that has many advantages over the medical inspector method. The latter, of course, means a double duty. Being under the school board allows more latitude for the nurse. If she is original (and she should be) she will plan her work so as to get the best results from her time.

A routine planned by someone else, and strictly adhered to, does not allow a free treatment of the situation. Happy should the nurse be who has the full confidence of her school board. She is paid to be an executive and should have executive ability and should use it conscientiously. The school nurse who needs watching should not be a nurse at all; the position she holds is one of trust and she should be worthy of it.

One needs to go into a small town with an open mind, open eyes and ears, but a closed mouth on local conditions regarding one's work, and well prepared for the work to be done. I would like to add just here that the nurse who has done private nursing for some years will need to learn one thing, and the sooner she learns it the easier it will be for her, and that is that though she is an authority in her own line of work she cannot be an autocrat. Private nursing tends to make one such. School boards are not anxious families waiting for the re-

covery of a loved member and ready to do anything that the nurse may suggest for the patient's good. They are more or less deliberate organizations which meet once a month and may coolly lay on the table (or under it) the nurse's most cherished plans for bettering the school conditions. She must not be discouraged, however, but keep her plans not only in her own mind but in that of the board as tactfully as she can, usually through the Superintendent or some member of the hygiene committee. She must stick to the minor details of her work faithfully, and as results begin to show in that the larger things will be added.

One thing that some school boards, and the public in general, do not like is radical treatment (nurses are always radical). The public health nurse will have to remember that the work she has set out to do is a new type of work to the people with whom she has to deal; it cannot be done in days or weeks. It will take months and even years before she sees the results she expected to accomplish in a shorter time. Someone has well said that it takes three years before definite results are seen in any kind of work.

The school nurse has also to remember that her work is not the *most* important work of the day to either the principal or teacher; their work is *teaching*. But they will soon learn to give the right kind of coöperation if they find they are not being forced into it and that the work is being earnestly undertaken. The same may be said of parents: they are more ready to coöperate when a condition and its results on the future, as well as the present, of the child has been made clear to them; there has to be a process of "seeping in" which takes time. If they are advised, but not urged too strongly at first, a second visit will often get results that would not have been gotten if a more pronounced attitude had been taken.

Unlike the visiting nurse, the school nurse is not always wanted. The visiting nurse is sent for in time of distress and sickness; the school nurse goes into a home to stir up others to conditions that may be known, but not acknowledged, even in the family. Her visits are often considered an interference in family affairs. This idea has to be dispelled and can be, when it is made plain that she comes in the spirit of a friendly coöperator. It is sometimes hard for parents to understand that a stranger can have as much real concern for a child as they have themselves; very often the nurse's concern is much greater than that of the parents.

It would be well for the school nurse, as soon as she has gone over her own field of work, to investigate the methods of organizations whose coöperation she will be likely to need. The Y. M. C. A. can do many

things for boys of all ages; the Y. W. C. A. for growing girls whose social problems are hard to solve. The methods of relief agencies, whether Bureau of Charities or County Relief, should be understood and a friendly footing established with them. If it is understood by all that she is a worker for the general good and not as a distinct organization, going her own way regardless of those others who are also interested in public welfare, their interest and coöperation in her work is assured.

It is often surprising to find how many people there are who have little idea of what public welfare means, much less of what is the work of the school nurse. One of the oft-repeated questions is, "What do you do in the school?" It is an embarrassing question to one who has been in the work for some time, because so many phases of child welfare are covered that a great deal is not done *in* the school at all. Just a few of the most effective features can be picked out to satisfy their inquiries.

One has also the local medical men to think of; the earlier one can make their personal acquaintance the better. A glimpse of their general attitude towards school inspection soon comes to light and gives a hint of the best methods to pursue with them. When they realize that the school nurse is not expecting to use all the privileges of an M.D., but needs their best coöperation, they are more than ready to lend the helping hand which she is frequently going to need. The oftener she consults them in her medical difficulties with individual cases the better she will get along. Especially is the acquaintance of the eye, ear, nose and throat specialists necessary, as they are the ones from whom the most free work will be needed. A personal introduction by the Superintendent of schools or a member of the Board of Education is the most desirable way. In this way a plan for a specified time of free office service can be arranged for, and each will know just what this plan is, and make his or her own suggestions for the best method. Thorough investigation of the financial condition of the free cases should be made. To have a reputation for thorough investigation means a great deal in getting free work done.

One objection a nurse will often meet is to the establishment of a free clinic—though this is not true of *all* small towns. Sometimes the objections are well founded, but the absence of a free clinic makes considerably more trouble for the nurse. If one is situated near a large city where the advice of orthopaedic specialists can be had, the nurse can usually manage, through some local physician, to get an introduction to some of them, and she will find that they will gladly help her in that special work. Where she is not so situated the problem

is more difficult; though usually some local physician has specialized more or less along that line, and can be counted on to help, and will devote more time to those particular cases than a physician who has not specialized. Orthopaedic cases are a problem anywhere and cause a great deal of worry and anxiety while under treatment.

The dentists must come in for their share of attention, and this is one of the most fruitful branches of the work. The nurse should always work with the dentist, instead of letting an office girl or some older student do the clerical part of the work. Children carry home distorted stories of what a dentist said or did and cause unfavorable comments; if the nurse is on hand at all times she can always explain and her presence gives confidence to the timid ones. She should read all she can about teeth and ask questions during examinations. Arrange for the dentist to give talks on oral hygiene to several classes at one time, immediately after each examination is finished; in this way the nurse acquires a liberal education on teeth and will soon be able to give talks on oral hygiene herself. Very few dentists like to give these talks, but they should not under any circumstances be neglected, as some of the most encouraging results in general hygiene can be obtained in this way.

I suppose there is hardly a public school system anywhere, nowadays, that does not have parent-teacher associations. These organizations are amongst the most helpful agencies to the nurse, and can relieve her of many problems of clothing, food, etc., for the poor.

The nurse will be expected to give talks on the special phases of her own work, and perhaps on some other branches of public health nursing, if there are no other branches in the town. She will also be called on to give her help in a variety of ways; as sanitary inspector, infant welfare nurse (in fact she will do a great deal of infant welfare in the homes she visits through the school children), tuberculosis nurse, and in fact in any line of public health nursing which is now listed under separate headings.

Contagious quarantine in small places is sometimes not satisfactorily regulated. If the state laws are not being enforced it is well, if possible, to have a hard and fast rule for each disease made by the School Board or Board of Health. An inflexible rule is much easier to enforce than a flexible one; the latter brings many harsh criticisms of the nurse who "favors" one family and enforces the law with another.

Temporizing with pediculosis is time wasted, though it is perhaps well to use the "consideration for feelings" method at first; but the hard and fast rule is the one that gets quickest results, though the rule need not be administered harshly. With the use of larkspur (used in

school on those who cannot be cleaned up in any other way) the trouble will be found to decrease rapidly.

The problems of the physical condition of children in small towns are the same as those in large cities, but the nurse will have to rely more on her own judgment than if she had the advice of a medical inspector. If she has had special eye, ear, nose and throat work she will be well prepared for that part of the work; if she has not, it would be well to read up as much as possible on these subjects and their relation to, and effect on, other parts of the body.

The diet of the growing child is also very important. The nurse will often have to regulate the diet of children who come from homes where there is plenty of food, but lack of knowledge as to food values. Malnutrition of the well-provided-for child is very common.

School nursing (especially where the nurse does the physical examinations herself) is one of the most satisfactory branches of social service nursing, for reasons readily seen. The school child is at the impressionable age, and takes seriously and often much more sensibly than grown people, the things planned for its betterment. This happy trust (gained largely through confidence in the teacher) is not hampered by the idea, so often found in grown people, that there must be some personal gain to the giver.

School nursing, like school teaching, proves its value best by beginning the work at the right time and in the right way. In the first grade is laid the foundation for education; so in the first grade should be laid the foundation for health. Every little child can be taught to appreciate clean hands. Every nurse knows that learning the value of clean hands was one of her first lessons in the hospital; we have all heard many times over that it is the first year nurses who are sick the oftenest from infection, and the cause is laid at the door of carelessness in caring for the hands after doing some of the unclean things that nurses spend their lives in doing. The wonder is we have so few sick nurses, when we think of what opportunities there are for infection. A talk to children of any age, telling why the doctor and nurse do not get sick when they are taking care of the sick, is very interesting to them and makes a good deal of impression. The talks on general hygiene can be elaborated for the higher grades and still kept practical and simple enough for all grades to understand them. It is surprising how much interest the children display in the science of health when made applicable to themselves.

I find that teachers are more than willing to fall in with the hygiene talks and make them practical by having health quizzes each day on the number of clean hands in the room, whether the teeth were cleaned

that day or not, the frequency of baths, etc. Teachers ask me many times to give talks to their seventh and eighth grade classes after I have finished making a physical examination of the class. At first I thought it rather out of my province to talk to children about tonsils, adenoids and eyes, but finally concluded, when the teachers told me that they had been discussing these subjects in class, that a simple treatment of them, showing the relation of enlarged adenoids to health; the reason why some eyes see farther than others; how things look to the short-sighted person and to one who sees too far; and why glasses relieve eye-strain, would be a wise move. These talks bring out many questions that show an understanding interest.

A talk on the circulation of the blood through the body; how it gathers and distributes food; a talk on the process of digestion; the reason why tired and underfed people take cold and other ills more easily than those who are well cared for; why wet feet are worse than uncovered heads, can all be made most interesting to children. One subject at a time, dwelt on in a practical way, will make more impression than a talk that takes in too many sides of the hygiene question.

It is not often that the school nurse has the opportunity to start her work in a new place at the beginning of the school year. If she has had previous experience she will be able to start her "system" without difficulty, though perhaps with the feeling that there is so much to do that she hardly knows which part of the work to begin first. The school superintendent and teachers, who for some time have been anticipating her coming, will have plenty of work picked out for her to do.

What she needs to establish first of all is a system of permanent records, as every child given attention should have on file a record of the physical conditions when first examined. The form we used was the simplest we could find and consisted of a heavy 4 by 6 inch manila envelope, open at one of the small ends. The face of the envelope had space for name, address and partial family history; the back of the envelope was used to record date of operation or treatment, if any, and by whom done, later improvement in condition, etc. A filing cabinet is an absolute necessity from the first. The notices used for sending home results of physical defects, when found, were made in duplicate and one was kept in the envelope; and, as each succeeding examination of the same child was made, and a notice sent home, a duplicate was kept and filed in the same manner. When results were obtained these slips were taken out and thrown away, and a note of the work done made on the back of the envelope.

The routine examination of all children above the first grade pro-

ceeded as follows: I would notify the teacher that I expected to examine her room, and then explain to the children so that they would not be alarmed, as many queer tales get 'round, telling how the nurse vaccinates children without the parents' consent, etc. My equipment for examining consisted of physical records; notices to be sent home; dental blanks, which I did not fill out but signed and sent home when the mouth was in bad condition; wooden tongue depressors; vision chart, placed in a good light and at the right distance; a small stiff card, one for each child, to cover the eye not being examined—the tendency of the child to press on the covered eye is general and results in blurred vision of the eye in use and also of the one covered, when ready to use. This eye test, being very superficial, the nurse needs to be very watchful for other symptoms than those of seeing too far or not seeing far enough. The strained look, or turning the body to get a better view of the letters, may mean astigmatism, and a notice should be sent home advising that the eyes need watching.

In order to make the least disturbance possible in the classroom being examined, I would have three children sent to the examining room at a time, and as one was examined he returned to his room and another one took his place. By this plan I had two or three children in the examining room all the time, my reason for this being that the second child, watching the first, saw the routine and was ready to do as the preceding one had done. Though I should prefer to examine each child separately it is seldom that there is a convenient place in which to do so; moreover, it is surprising how much time can be saved when the children know the routine.

After getting the child's name, address and history of diseases passed through (for the smaller children there was a history to be sent home and filled out by the parents and returned to school), I looked at the hands and arms first, and saw many things—dirty fingernails, which needed condemning; gnawed nails, which needed advice; clean hands, which were commended; evidences of skin eruption, or malnutrition. Skinny, colorless little arms above the elbows, and skinny fingers between the joints make one realize the necessity for more nourishing food. Children's fingers will generally be found round, even though the child is otherwise thin, if healthy.

Talking to a child while examining him gives him confidence and he will tell, without being asked, a great many things that the nurse wants and needs to know of his home life. When using the wooden tongue depressor to examine the teeth and sliding the depressor gently around the cheeks the throat can be examined at the same time, as the child has become accustomed to the tongue depressor and is not afraid

of it. A good view of the tonsils and back of the throat can be had if the child will say "Ah." This is a good way of training him not to be afraid of the doctor when the throat needs examination. Laying the tongue depressor aside, run the fingers along the under side of the lower jaw and back to the neck and feel for enlarged glands, which vary in size from peas to large-sized marbles, and at least five times out of ten they will be found, in varyingd egrees, giving evidence of absorption, often from diseased tonsils and bad teeth. At the same time evidences of goitre can be noted.

By turning the head from side to side the ears can be examined for any discharge, and the hair for pediculosis or scalp trouble. Any child who needs special advice about bathing, or any other personal habits, should be seen more privately later on.

The vision chart should be hung in a well lighted place, with the light coming full on the card, without a glare. Follow direction for examining supplied with each card.

Hearing tests are various, but I found the best one for general examination was to speak in a low tone while writing down answers to questions put to the child. He could not see my lips, and, if deaf, would ask me to repeat what I had said, or take no notice at all. A good many children have the habit of saying "What?" when they have heard perfectly, making one think they might be deaf. I do not find the watch test of much use unless one can be in a quiet room alone with the child. Many questions on personal hygiene and how often and when the teeth are brushed can be asked during the examination, and words of advice given.

Whether a nurse begins her work by a routine examination or by examining children picked out for her, or whom she has picked out at random from the classes, the examination should be the same, as only so can each record be valuable for future reference, or for the statistics which should be part of the year's report. If a routine examination is being made the children can leave their seats in consecutive order; they will then know their turn and need not disturb the other children or the teacher by being told when to go. It is a good routine practice to begin the year's work with a superficial examination of all children, though as a general rule there is very little found for which to exclude them except pediculosis; for this one trouble, if for no other, the examination is good, as then the children cannot say "I got them in school."

I would suggest that the nurse send to several large cities and also small ones where the work has been in operation for some time and get their material for records, etc., then choose that which seems to suit her needs best.

The old Chicago Visiting Nurse Association daily record book was one of my best helps in keeping records. I had only to look for the name, address, diagnosis and remarks to get a vivid picture of calls made, operations performed, etc. This book told me at the end of the month the number of home calls made, operations performed, glasses fitted, children referred to different organizations for help, etc. Whether the nurse keeps a full record of each case depends upon whether the school board cares to read them or not, but it is one way of letting the school board know that she is working, and what her work consists of, as many of the members have not any idea what the school nurse does.

I found it advisible to spend almost all the mornings in the schools, looking up children who were under observation, seeing principals and teachers, giving talks on general and oral hygiene, making physical examinations, etc. I usually managed to give two talks a year to each class. The afternoons were spent in making home calls for co-operation, parent-teacher meetings, etc.

After seeing all the dentists and getting their interest aroused in the free examinations in schools, it was no trouble to arrange for dates to do the work. When a date was set I specified the school. The day before the date planned for I telephoned the dentist to remind him, and if for any reason he could not keep the engagement he could let me know. If all was right, I would telephone the school principal and let her know that the dentist would be at the school the next day. If it proved not convenient for that school I would transfer him to some other school. Usually the principal knew a week ahead of time.

The equipment used for dental examinations consisted of a small table covered, first, with a heavy piece of paper, then a towel; two small glasses—heavy tumblers are good, but I found that the library paste jars which teachers throw away make fine instrument holders, and would not fall over easily; the screw tops protected them when not in use. One held clear water, the other alcohol or some mild antiseptic solution, whichever the dentist preferred. The dentist brought his own instruments, explorers, mirrors, and a small pair of forceps for picking out small pieces of loose teeth. He usually brought two sets of instruments; while he used one set the other stood in the dinisfectant, to be ready for the next child. I provided plenty of small towels and a small bowl of water for the dentist's hands.

All dentists work pretty much alike, but some have a few individual preferences, such as absorbent cotton to wipe the teeth, and gauze to wipe the mirrors. If the dentist will follow the routine with each child the work goes quite rapidly, and from sixty to ninety can be examined in one morning.

After our second year's work we became so expert that we could cover a good deal of ground, and the children had become familiar with the examinations and lost no time in doing their part. After each examination I would get the dentist to give a short talk on oral hygiene.

I did not give the notice slips out to the children after they were examined, as I preferred to look them over, and then tell them something of the general conditions of the class and give a short talk myself. The children enjoyed these talks and we got marked improvement from the examinations. Oral hygiene education is acquired slowly and needs persistent teaching, but the results are so good that one feels well repaid for all the energy put into it.

In finishing, let me add that the nurse who is interested in her work will find more things that need her attention than the school board ever had any idea existed.

BIBLIOGRAPHY

ALLEN: Civics and Health.
GULICK AND AYRES: Medical Inspection of Schools.
HOAG: Health Index of Children.
HOLMES: The Conservation of the Child.
NEWMAYER: Medical and Sanitary Inspection of Schools. International Congress of School Hygiene. Reports.

STORIES

MAHMUD

By M. JOSEPHINE SMITH

His name was Mahmud, and we first made his acquaintance when he came to our lonely summer house as watchman. The house was a bungalow dotted down in the midst of the forest which shelters Moscow like a curtain; our neighbors were few and scattered, and the nearest hamlet, with its tumbledown station, was nearly a mile away; but we loved the sense of freedom, the scent of the pines and the shady tract beneath the trees where early comers could lade themselves with fragrant burdens of lilies-of-the valley and violets, whose last sweet breath gave welcome to bluebells, marguerites and their innumerable comrades. When, however, the birds had gone to sleep and the shadows lengthened and deepened across the grass-grown clearing before the house, which we dignified with the name of "road," the darkness and silence were eerie companions; and sometimes we were visited by evil-looking tramps, or heard grim stories of robbery. So the menkind, who must work even when the sun is shining and all nature making holiday, decreed that we should have a watchman to guard us: and that was how we came to know Mahmud.

He was a handsome, swarthy-faced young Tartar, slight of build and serious of countenance; but when he smiled his dark, deepset eyes had a wonderfully bright, intelligent expression. Previous experience with watchmen, coachmen and "dvorniks," Russian and Tartar alike, had led to the belief that their chief office in life was to perfect one's patience by constantly getting drunk, having a fixed impression that they were expressly engaged to do nothing, and a marvelous fertility of resource in devising reasons why the weekly wage should always be paid for at least a month in advance. Mahmud's face took our fancy, however, and there was something very attractive about the energetic, concentrated way in which he handled the broom as he swept our little garden path in the evening, or shook the wooden rattle, the sound of which assured us of his wakefulness during the dark night hours: and yet we treated him always with stern coldness and waited grimly for the first signs of demoralization to appear.

A week passed—then two—and one day Tatiana, the cook, an avowed man-hater and a bitter opponent of Mahmud's advent and the consequent extra 'meal-getting' which devolved upon her, astonished us by suddenly referring to the intruder in words almost of approval; and

when, shortly afterwards, Mahmud was discovered sitting on the tiny terrace outside the kitchen, surrounded by tins and pans, most of which shone like silver, while upon his knees rested a copper 'samovar' which he was polishing until it glistened bright as gold, Tatiana's change of front was readily explained. Thenceforward we began to take an interest in the watchman, and all that could be discovered was to his credit. He never spent his money on vodka, or wasted his time in quarrelling or gossiping with the maids, but went quietly on his way; and, although several of our nearest neighbors were visited by burglars, our bungalow remained undisturbed and we slept in peace.

One morning I wandered into the garden for a few minutes before 'drinking coffee' and, suddenly turning a corner of the house, came upon Mahmud standing beneath a shady tree. By his side was a young girl, her face bright with the fresh dew of youth and love. She blushed shyly as I paused, surprised; but Mahmud, the smile flashing for a moment into his eyes, said simply, "It is my wife—Kātyinka—" and he spoke the "Kātyinka" with a soft, caressing accent which made it sound one of the prettiest names in the world.

"And how has Kātyinka managed to arrive here so early in the morning?" I asked smiling.

"There is an early train today, barinha," he replied, "it is a holiday and the mill does not work: and, barinha"—the request came all in a breath—"may I go to the station to see her off this evening? I shall be back before it is very late."

Willing consent was given, and then, after a word or two with Kātyinka, I turned away and left them to their idyll. Mahmud had been on duty all night, but he evidently had no thought of sleep; well, he was young and in love!

Our own menkind occupied our time all day; they also had left the town behind them the night before and come to spend the holiday with us in the forest, glad as the little Kātyinka herself to exchange the roar of the mill for the whispering rustle of the leaves and the insidious fragrance of moss and pine. When we returned to the bungalow that afternoon, after a long woodland ramble, I slipped round to the kitchen to speak to the cook. The room was deserted, however, and upon looking through the window I discovered that Tatiana was giving a tea-party. The kitchen table was placed in a little clearing amidst the trees, and round it sat the maids, all decked out in their best attire; Tatiana presided at the head, Kātyinka sat next to her and Mahmud stood a short distance away. The gay sound of laughter and chatter was wafted through the open window; evidently Kātyinka was a privileged guest and the tea-party was being given in her honor.

Time passed, and a tinge of frost in the night breeze began to warn us that soon we must leave our forest and return to town ere the long Russian winter should close upon us. One evening Mahmud was sent to the station on an errand; it was nearly dusk when he started, so he took a lantern with him. About two hours later Tatiana appeared at the sitting-room door looking rather disturbed, and begged me to go to the kitchen for a minute. Quickly following her, I found Mahmud sitting by the table and leaning heavily upon it, his face white and a cloth bound round his head. He half rose at my entry, but I bade him sit down again, for he was trembling all over.

"Whatever is the matter?" was my first, startled inquiry.

"It was on the way back from the station, barinha," he explained; "it was dark, so I lit the lantern. The road is very lonely, but soon I met two men: I think they must have been drunk. They stopped me and told me to give them my lantern. I refused. Then they told me that I had no right to have a lantern when they had none, and if I would not give it they would take it. There were two of them, barinha—and they set upon me and began to beat me; I tried to defend myself, and the lantern fell and broke. I thought they would kill me, for they were very strong—and I wondered what Kātyinka would do. But presently I managed to push one man down, and before he could get up again I escaped; they ran after me, but it was very dark and they could not see me. Now I am safe, and Kātyinka will not be a widow just yet—that is very good."

Further examination showed that he had received a nasty gash on the head and some rather bad bruises; but, fortunately, none of the injuries seemed really serious and, though he was at last persuaded to rest for that night, he was on duty again as usual the following evening.

The day before we left the forest, Mahmud was asked if he would remain with us as porter in our town house, instead of going back to the mill where he usually worked; we always required two porters for the gate, one by day and one by night—the day and night duty being shared in weekly turn. To our surprise, Mahmud refused the offer.

"You see, barinha," he explained, "if I am a porter and Kātyinka works in the mill we scarcely see other each—every other week I go to work as she comes home. There are bad people in the mill, barinha—and Kātyinka is very young—it is not good that she should be left so much alone."

"But why did you come here for the summer, then?" I asked.

"At the summer house I get my food extra," he answered simply; "and it is only for a few weeks—also there are many holidays when Kātyinka can come and see me. We cannot earn much, Kātyinka and I,

and we want to save a little—then we shall buy a house and some land and go back to our village."

So, for a while, we lost sight of Mahmud.

Autumn passed, and as winter settled down one of our porters fell ill and had to go to the hospital. When I went out for a sleigh drive next day Mahmud was at the gate; he had been sent up from the mill to take temporary duty. I paused to speak to him and ask after Kātyinka, and he informed me, his face beaming, that now there was a little Mahmud as well; and my congratulations were received with an infinite pride and joy which lit his eyes like sunlight.

How often in human life, as in the life of nature, the brightest rays of sunshine are suddenly eclipsed by the shadow of some heavy, lowering cloud! Only about three weeks after Mahmud's proud announcement, Tatiana, who always knew all the news and gossip of the mill because her sister worked there, informed me that Kātyinka had gone back to the village and Mahmud was left alone.

"You know, barinha," she explained, "workpeople at the mill are lodged free—that is part of their wages—but the men's wives are not lodged unless they work too. Kātyinka cannot work now because she has to take care of the little Mahmud, and they can't afford to pay for lodgings; so she has had to go back to the village to live with her mother-in-law."

"But couldn't the little Mahmud go to the nursery to be taken care of?" I asked.

Tatiana shook her head.

"The Tartars won't send their little ones to the Russian nursery," she said; "and they can't afford to have one of their own, because not many Tartars work in the mill."

"Has she no mother of her own?"

The cook looked doubtful.

"I don't think she has anyone, barinha.—I don't know why the women ever get married—it would be much better if they would stay single like me, then they would only have themselves to work for. If people are rich they may get married, perhaps—but poor people—it is very foolish!" and with this sage remark Tatiana returned to her duties.

Poor little Kātyinka! Banished to the village to live with a mother-in-law who might or might not be kind to her, but who would certainly rule over her! My thoughts wandered to the bright, love-lit young face which had looked up from beneath the forest tree—how soon its visions had come to an end! And again sounded the soft, caressing tone of Mahmud's voice as he uttered her name—certainly, for him also this was hard!

Their loss was our gain, however; for now that Mahmud was left alone he was eager to come to us, and he was promptly installed in the happily vacant post of 'dvornik.' Then at last dawned an era of peace and comfort and we lived in an atmosphere which was always cosy and cheerful. We never drank coffee now in a freezing breakfast room because the 'dvornik" was drunk and had not come to light the fire; and every little brass door in the white tile ovens reflected back our faces like a mirror.

It was about five months later, as the breath of spring was bringing back to life tree and shrub after the iron reign of King Frost, that a more tragic scene of the little domestic story was enacted and, as usual, Tatiana was the news-bringer.

"A shameful thing is going to happen, barinha!" she exclaimed, her voice trembling with excitement and anger. "Mahmud will not keep Kātyinka for his wife any more!"

"Why, whatever has she done?" I asked, dismayed like Tatiana at such an ending to the romance which we had followed with so much interest.

"Well, barinha, you know she went back to the village to live with her mother-in-law; now Mahmud has had a letter from her saying that they have quarrelled, and she wants him to send money to pay her fare back here. He says he can't afford to keep two homes, one for his mother and one for his wife, and so he will not have a wife any more."

"But he can't do such a thing!" I exclaimed indignantly: "He ought to keep a home for his wife whatever happens!—And he always seemed so fond of his Kātyinka!"

"He is only a Tartar, barinha," said the cook, shrugging her shoulders; "it's part of his religion to keep his mother and make her first in everything—the wife is nothing—Mahmud says that Kātyinka should respect her mother-in-law, and if she quarrels with her, then she must go."

"Has Mahmud written to her yet?" I asked.

Tatiana shook her head.

"I think not, barinha—but he won't talk about it. He seems very unhappy—I hope he is!" And with this fervently expressed desire Tatiana returned to the kitchen.

My first impulse was to express to Mahmud, in the strongest words at my command, my opinion of his conduct; but on second thoughts the futility of such a step came home to me. After all, as Tatiana said, Mahmud and his wife were Tartars—their whole nature, training and belief were entirely different from ours, and what good could it do to attempt to combat customs and laws of which I was almost completely ignorant?

So I tried to put the matter from me with the thought that, appearances notwithstanding, Mahmud and Kātyinka probably cared very little about each other and we were wasting our sympathy on indifferent objects. Only, try as I would to forget the subject, Kātyinka's face would rise before me at the most disconcerting moments and haunt me with that expression which I had once been misguided enough to mistake for real love at a moment when her Tartar features had appeared to be transfigured with a joy which I had counted as common to all womanhood. And when I came upon Mahmud in the pantry cleaning knives that afternoon his face looked drawn and troubled, and his eyes seemed to have more expression in them than ever—only now it was altogether of pain.

During the few days following, Mahmud worked, as Tatiana expressed it, "to wear himself away;" he cleaned and polished with a nervous energy which seemed to make his slight figure grow visibly thinner day by day; but even Tatiana was unable to glean any tidings of Kātyinka's fate.

Just at this time the yearly jamming season began; usually I supervised this proceeding myself, and the whole staff of household servants was pressed into the service in one way or another. When the task was over there was always a kitchen tea-party, at which the gleanings from the preserving-pans (and it was generally arranged that they should be fairly substantial) were eagerly devoured. Curiously enough, it was this little event which finally led to our enlightenment as to Mahmud's arrangement of his domestic affairs. Tatiana's face beamed with satisfaction when she told me.

"He cleaned the pans so hard that I thought he ought to have a taste of jam as well as we, barinha," she began, in such eagerness that she did not even state who 'he' was, and I was left in bewildered doubt until the course of her outburst made it possible to guess, "So I gave him some on a plate. But when he was going home tonight I saw that he was putting the plate under his coat and had not tasted the jam. I asked him why he did not eat it here, instead of troubling to take it home; and he just said in his quiet way, "I want it for the little Mahmud—it is sweet—he will like it—" and then he went off before I could ask him any more. But, barinha, if the little Mahmud is here Kātyinka must be with him, so Mahmud must have sent her the money to come, and I think he will keep her for his wife after all!"

Two days later I waylaid Mahmud myself and casually inquired after Kātyinka and the little one. His eyes shone strangely as he answered.

"They are well, barinha; they have just come from the village. They will not go back there any more—they will live with me."

"But it is hard for you to afford to keep them here, isn't it, Mahmud?" I was anxious to discover how he had bridged the difficulty.

"It costs a lot, barinha; but we have saved a little, and Kātyinka will try to get some washing to do at home sometimes—and then the little Mahmud will soon grow big enough to be left playing with the other children. We shall manage—it will be all right."

I was glad that he had not been told before that his wages were to be raised. When he knew, the smile leapt for a moment into his eyes, but it could leave them little brighter than they had been before.

"Kātyinka will be glad," he said simply.

And I knew then what I had suspected before, that north and south, east and west, in all countries and amongst all peoples love is ever one and the same, and will break down every obstacle until it reigns triumphant at last.

THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

QUESTION CORNER

600 Lexington Avenue, New York City

Conducted by ELIZABETH G. FOX

Discussion of the various questions and answers published in this department is invited. The department can be made most useful if those nurses and laymen whose experience has brought them an acquaintance with the problems which arise in the questions will contribute the results of their experience in the Question Corner. Please send all questions and discussion to the address given above.

1. In order to build up attendance at infant welfare centers is it advisable to hold Baby Contests?

Baby Contests, other than in a new community where it is necessary to arouse interest, we feel have very little value. We consider the giving of prizes or awards of any description to mothers undesirable, as in many cases a mother has given greater care to her baby, who is not a perfect one, than the mother whose baby was strong and healthy at birth and has been breast-fed. It is much better to educate the mother to the value of keeping the well baby well by following instructions as to right feeding and hygiene. The appeal to the mother should be made in her interest in wanting to give her baby the best rather than the receiving of a prize. The former will insure better education of the mother.

2. In order to induce mothers to bring their babies to the Well Baby Station would it not be well to dispense some of the simpler medicines?

In cities where this work has been well organized, one of the invariable rules is that no medicine shall be dispensed at the Station, and that all sick babies other than feeding cases shall be referred to the family physician. It is believed this has a great deal to do with the education of the mother in the importance of supervision of the well child. It also results in better coöperation with the physician. If the physician understands the baby is to be referred to him when it is sick, the Station is much more likely to have his coöperation in the supervision of the well baby.

3. A health officer, wishing to start a nurse in infant welfare work in his department in a town of 21,000 population, asks whether it would

be well to have the nurse visit all babies whose births are reported to the Health Department, regardless of the financial status of their parents.

A Health Department is doing its work in behalf of all the people of the community and, therefore, has an interest in every baby born. If the people of the community can be taught at the very beginning of the municipal nursing service that the nurse, as a servant of the city, is engaged to foster and protect the health of every baby in that city and to advise any mother who seeks knowledge which falls within the nurse's province, the work will be given a very much broader and more democratic foundation, and the scope of the nurse's usefulness will be greatly extended. By such a method the stigma that often is attached to the nurse whose work is limited to the poor, will be entirely avoided, her work will have no class limitations, and her influence will be felt on the whole child population instead of on a small part of it only.

4. In order to increase a visiting nurse staff to an extent that would permit attendance at confinements, would it be justifiable to use pupil nurses for the double purpose of supplying a nurse at the confinement, and of giving the pupil nurse training in obstetrics and in district nursing?

No, we do not think it would be justifiable to use pupil nurses for this purpose for several reasons. No pupil nurse could be given an adequate training in obstetrics under such conditions. She could scarcely be said to receive any training in public health nursing, as obstetrics represents only a very small part of such training. No benefits could accrue to the nurse in the shape of sound training, and such use of her time would be a species of exploitation. The visiting nurse society wishing to undertake attendance at confinements should certainly find other means of augmenting its staff.

NEWS NOTES

PERHAPS NEVER HAS THE INFLUENCE OF THE MEDICAL MISSIONARY BEEN MORE STRIKINGLY SHOWN than in an incident which occurred during the recent terrible Armenian massacres. The following description of the incident is published by the Board of Foreign Missions of the Presbyterian Church in the United States of America.

Dr. Packard, with American and Turkish flags, accompanied by two Syrians, started out to meet the leading Kurdish chief. He arrived at Geogtapa in time to prevent a terrible massacre. The people of Geogtapa who had not fled to the city had gone to our church and the Russian church, both of which are situated on a high hill formed of ashes, a relic of Zoroastrian times. The churchyards are enclosed by high mud walls. All finally went to the Russian church, which was on the highest ground. They barricaded the strong doors, and, when the Kurds attacked, the men defended the fort with their guns and the women crowded like sheep into the church. When Dr. Packard arrived, a lively battle was going on, with little chance for the Christians. He had great difficulty in getting to the chiefs without being shot; but he finally reached them, and they knew him. Some of these Kurds had spent weeks in our hospital and had been operated upon by Dr. Packard, so they listened to him while he pleaded for the lives of the people inside. After several hours' entreaty, they agreed to let the people go with him if they would give up their guns and ammunition.

THE NATIONAL INSTITUTE OF MOTHERCRAFT, NOW PROJECTED IN ENGLAND, is gradually progressing towards the realization of a very important and far-reaching scheme, according to the *London Times*, which thus describes the plans of the Working Committee:

It is not intended to be a vast school for mothers, but to be the headquarters of all information and material for the training of students and workers concerned in the welfare of mothers and children. On the ground floor will be a day nursery, nursery schools for children from three to four and four to five years, a school for mothers, and an infant clinic. The first floor will be for administration purposes. On the second floor will be the museum and exhibition, the reference and lending library, the observation ward for resident babies, and the students' training department. The third floor will be devoted to laboratory and research work. The aim of the originators of the Institute is to make it, when it takes definite form, a place where every effective preventive agency shall be put into operation to combat infant, ante-natal, and maternal mortality. All the scattered activities will be collected under one roof, and every department will be organized by specialists and linked up in such a way that any provincial authority wishing to adopt, as best suited to its requirements, one branch of infant welfare, will find at the Institute a practical and complete model to draw upon.

THE ANNUAL MEETING OF THE STAMFORD VISITING NURSE ASSOCIATION was a very interesting event, Prof. C. E. H. Winslow, of Yale University, being the principal speaker on the occasion. Professor Winslow spoke on the subject of "The New Health." Miss Besom, superintendent of the Association, referred to the interest which had been evinced in the proper care of babies, since the holding of "Baby Week," and described the success of the mothers' conferences, which had been attended by many mothers who were eager for knowledge.

AFTER CARE OF INFANTILE PARALYSIS CASES. When the infantile paralysis epidemic in Boston was over the first task before medical authorities was to follow up every child who had had the disease, to verify the record, to learn whether the child was living or dead, whether paralyzed and how much paralyzed, what care the child was receiving and what facilities for proper care were at hand. Under the Harvard commission for the after-care of infantile paralysis patients, with Dr. Robert W. Lovett as chairman, the children in East Boston, Charlestown and the North and West End have been assigned to a clinic in the Massachusetts General Hospital. All the other patients in Boston are cared for at a clinic at the Children's Hospital. In connection with each of these clinics the Instructive District Nursing Association has been asked to undertake the home nursing. It is necessary to know what the home conditions are. It is necessary to see that a child returns regularly to the clinic. It is necessary to see that the special muscle treatment is continued in the home and it is often necessary to adjust many things so as to make the scientific treatment in the clinics of value.

The technical muscle treatment must be given in the patient's home daily at first, in many instances. Specially trained workers are trying to cover this enormous field, but as soon as possible public health nurses must fit themselves to undertake this sort of home nursing also. A lecture and a preliminary clinic where the muscle treatment is demonstrated have been given the staff of the Boston Instructive District Nursing Association. The technical workers are going into the district stations and from there are visiting with the nurses in the homes to demonstrate the necessary treatment.

This is a slow process of learning and to facilitate it Miss Sadie Miller, supervisor of the Roxbury Station, has been given leave of absence to take Dr. Lovett's six weeks' course in muscle treatment at the Harvard Medical School.

In this same class, composed of nurses, is one member of the Philadelphia and one of the Chicago staff.

More than Fifty Nurses and Social Workers are Attending a Course of Lectures on "Teaching in Social Work." given by Miss Anne H. Strong, professor of public health nursing at Simmons College.

The fundamental principles of teaching are taken up, and their application shown in dealing with district families and also in the practical training of students engaged in field work.

The course is given at the Central House of the Boston Instructive District Nursing Association. The students enrolled include staff nurses and supervisors of the Instructive District Nursing Association, the Baby Hygiene and Cambridge Visiting Nurse Associations, as well as medical social workers and secretaries of the Associated Charities.

BOOK REVIEWS AND BIBLIOGRAPHY

RULES FOR RECOVERY FROM TUBERCULOSIS. A Layman's Handbook of Treatment. Lawrason Brown, M.D. Lea and Febiger. Philadelphia and New York.

In the preface Dr. Brown says modestly that his book has been written "to help patients avoid blunders," and hopes that it will be used as a "book of reference—a hand-book so to speak—of the fundamental principles of the cure." Dr. Brown's many years of experience as a colleague of Dr. Trudeau in Saranac Lake make this little book one of weight and authority.

Packed within its 170 small pages will be found a concentrated essence of all those essential rules and procedures that the tuberculosis patient unremittingly and patiently must faithfully observe as he walks along the slow, but hopeful road towards recovery. Recreation, food, rest, exercise, hygienic measures and the cultivation of a hobby are presented with admirable brevity and conciseness. The instructions as to sitting out and sleeping out with the minimum of discomfort and the maximum of result are simple and comprehensive.

The chapter on The Temperature of the Body, with the delightful paraphrase heading it, "Oh friend! have you not felt the wild desire To call your mouth-thermometer a liar? Would we could shatter it to bits—and then Remove it so it never could go higher!"—gives information and instruction in this essential in a manner more dramatic than we are in the habit of finding it.

Altogether, this is emphatically a book to recommend to everyone interested in recovery from tuberculosis. A. M. CARR.

CARE AND FEEDING OF INFANTS AND CHILDREN. A Text-book for Nurses. Walter Reeve Ramsey, M.D., Associate Professor of Diseases of Children, University of Minnesota; Associate Visiting Physician to the University Hospital; Visiting Physician to St. Paul City and County Hospital; Medical Director of St. Paul Baby Welfare Association, etc. J. B. Lippincott Company, Philadelphia and London. Price, $2.

This book is unusually comprehensive, clearly written, simple and direct. Each subject is expressed in detail, yet concise enough to make it most interesting. Altogether it is a very helpful and valuable book for nurses. H. L. LEETE.

AMERICAN RED CROSS TEXT-BOOK ON HOME DIETETICS. By Ada Z. Fish, Head of Art and Home Economics Department. William Penn High School, Philadelphia. P. Blakiston's Son and Company, Philadelphia.

A most valuable addition to the field of home dietetics will be found in this very recent publication. The underlying principles of cookery are well explained and followed by a collection of especially good recipes.

The opening lesson deals with sanitation in the household, the first requisite in any well regulated home. This is followed by a study of the food principles, which chapter is well handled. The various classes of foods are next discussed in separate lessons—each lesson ending with a number of recipes, representative of that class. The author is to be complimented on the great foresight in arranging these recipes for individual cases as well as for family use. So often a great deal of difficulty is experienced when an individual serving is to be made up from a home recipe. Throughout the book may be found charts showing the composition of the various foods—this is a most striking method for showing the comparative food value in the various food stuffs.

The third division explains dietary standards and their value in the household. This chapter is followed by a lesson in bill-of-fare making, a study which should be made more of than it is in the average household. The serving of family meals, emphasizing the importance of proper surroundings, ends this division of the book. Special diets for infants and young children will be found very useful; and the final chapter—Food for the Sick—although very brief, covers the high spots in invalid diet.

In all, this is a book well worth considering, not only for class-room work in nursing, but for any class in dietetics, as well as in the modern household, where the value of dietetic knowledge is coming more into its own every day. H. E. KOESTER.

BULLETINS, REPRINTS, ETC.

The small folder "Public Health and Private Conscience," recently published by the Instructive District Nursing Association of Boston, sets forth most graphically the need for public health nursing in all communities and the definite results which may be gained through this service. The figures in this leaflet are not applicable to Boston alone, but to all cities, towns and rural communities. Such publicity can but arouse the private conscience, stimulate and inspire the Public

Health Nurse who is the agent performing this colossal task. In ministering to the mental, physical and moral well-being of our people, we are making better citizens and a more powerful nation. We need more such publicity. B. SWAINHARDT.

The American Society for the Control of Cancer has reprinted the article entitled "How the Public Health Nurse Can Help to Control Cancer," by Curtis E. Lakeman, which appeared in the QUARTERLY for October, 1916. Requests for this and other literature published by the Society should be addressed to 25 West 45th Street, New York.

The Maryland Psychiatric Quarterly for January, 1917, is a special Susan E. Tracy number and contains some most interesting information in regard to invalid occupations, the revival of which in this country is chiefly due to Miss Tracy.